

The portrait of anxiety



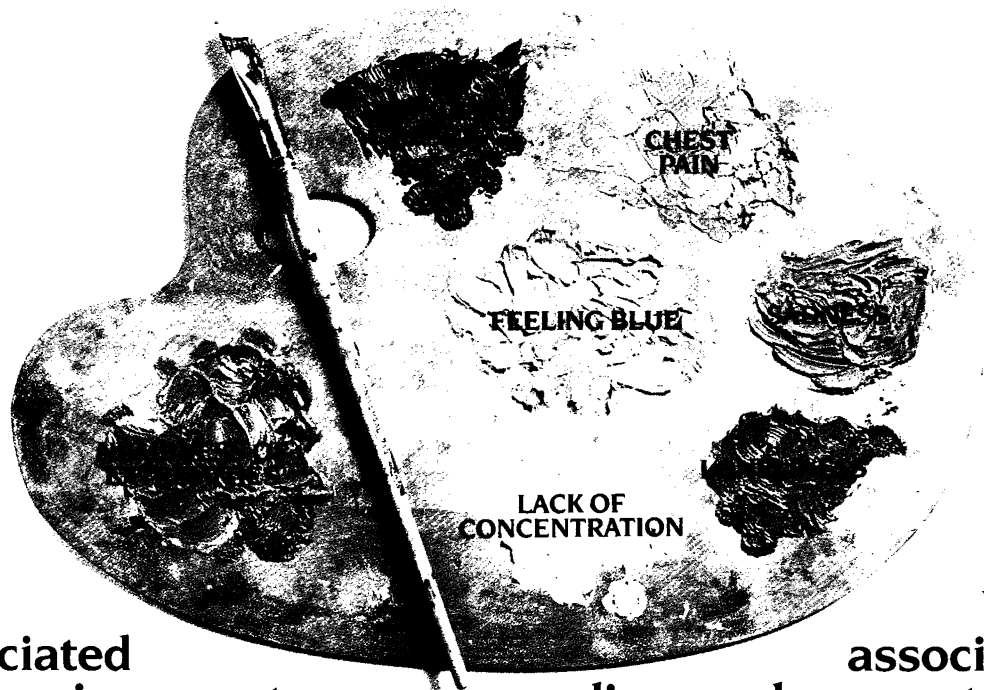
Upjohn

The Upjohn Company
Kalamazoo, Michigan 49001 USA

Please see adjacent page for brief summary of prescribing information.

© 1987 The Upjohn Company

is often complicated



With associated depressive symptoms.

In double-blind four-week clinical trials in 632 patients with moderate to severe anxiety, therapy with XANAX was compared with placebo.

XANAX was significantly more effective ($P < .001$) than placebo in relieving the anxiety, with over half of the patients showing marked to moderate improvement by the first evaluation period (one week).

In addition, over 70% of these patients experienced associated moderate to severe depressed mood. XANAX was shown to be significantly more effective ($P < .014$) than placebo in improving the associated depressed mood.



With associated cardiovascular symptoms.

Almost 60% of patients in the study had anxiety with associated cardiovascular symptoms even though cardiovascular disease had been ruled out. XANAX was shown to effectively relieve anxiety including the associated cardiovascular symptoms.

XANAX, the first of a unique class—the triazolobenzodiazepines.

■ **Well tolerated**—Side effects, if they occur, are generally observed at the beginning of therapy and usually disappear with continued medication. Drowsiness and light-headedness were the most commonly reported adverse reactions.

■ **Sustained efficacy**—No reported increase in dosage during 16-week clinical study once an appropriate dosage was achieved. Since long-term effectiveness of XANAX has not been established, it is recommended that it not be used for longer than 16 weeks.

■ **Simple dosage**—0.25 to 0.5 mg t.i.d.



TABLETS 0.25, 0.5 & 1 MG
Xanax[®]
alprazolam[®]

for the relief of complicated anxiety

The Symposium on Advanced Wound Care

the Hyatt Regency

April 10, 11, 12 1988 Long Beach, California

Sponsored by: Health Management Publications, Inc.

Health Management Publications, Inc. will sponsor this unique conference in an effort to create awareness, educate health care professionals, and make a difference in contemporary wound management.

As you'll see, we have assembled the top wound care experts in the country to address the most important topics, procedures, and problems facing today's professionals. Exploring all aspects of pressure ulcers, tissue destruction, the healing process, and the practical aspects of wound pathology/physiology will be of foremost concern.

From these and several other presentations, including the legal and ethical issues surrounding wound management, a protocol for prevention and treatment of pressure ulcers will be developed. You can be part of this history-making group of health care professionals, assembling as a national base to effectively and exclusively examine all problems concerning today's wound care practitioners.

CME INFORMATION:

Extended Programs in Medical Education of the University of California School of Medicine at San Francisco designates this continuing medical education activity for 13 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association and the Certificate Program of the California Medical Association.

OBJECTIVES:

- Describe current research relative to the wound healing process.
- Identify future trends in wound management.
- Describe the role of biosynthetic coverings in wound healing.
- Discuss the principles of using topical antiseptics for wound management.
- Discuss the legal and ethical issues associated with treating pressure sores.
- Discuss reimbursement/Medicare issues related to the pressure sore patient.
- Identify the essential components of a wound management protocol.
- Discuss current practice in the management of patients with chronic wounds.
- Differentiate between arterial and venous ulcers.
- Identify four factors when choosing the appropriate patient support surface.

NAME _____

TITLE _____

HOME ADDRESS _____

CITY/STATE _____

PHONE _____

HOSPITAL/INSTITUTION _____

ADDRESS _____ PHONE _____

☐ Please send me more information on the Symposium immediately.

☐ YES! Please register me for the Symposium on Advanced Wound Care.

\$250.00 fee for physicians

Make all checks payable and return form to: Health Management Publications, Inc., 649 S. Henderson Road, King of Prussia, PA 19406

A better informed patient makes a better physician...



Doctor/Patient Intercom™

An Educational Service of Audio-Digest Foundation® and the Scientific Board of the California Medical Association

This monthly one-hour series presents a professional view—recorded live, by doctors—on common health concerns, in easy to understand terms. A program by physicians, but geared to patient understanding.

- A monthly one-hour audio cassette, presenting non-technical health care information.
- Programs offering advice on diseases, physical conditions and common health concerns, couched in easy to understand terms: High blood pressure, diabetes, headaches, backaches, heart disease, ulcers, cancer, premenstrual syndrome (PMS), and much, much more.
- Presented by Audio-Digest Foundation, the world leader in producing postgraduate medical education and . . .
- The Scientific Board of the California Medical Association.

To order, simply complete the information below—or call toll free—and receive a special 10% professional discount.

Needed for your health, your family's and your employee's.

DETACH AND MAIL

ORDER CERTIFICATE

SPECIAL 10% PROFESSIONAL DISCOUNT

- ☐ YES! Enter my subscription for *Doctor/Patient Intercom*, a monthly one-hour audio cassette service. Payment or credit charge payable to Audio-Digest Foundation.
- ☐ ONE YEAR \$80.89 (12 programs) ☐ TWO-YEARS \$137.52 Save \$42.24 (24 programs)

Credit Card Number: _____ Expiration Date _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ MasterCard ☐ Visa ☐ American Express ☐ Diners Club

☐ Check here for Free sample copy.

Signature _____

Address _____

City _____ State _____ Zip Code _____

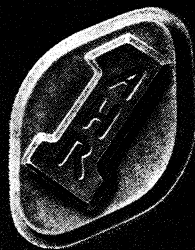
()
Telephone _____

Doctor/Patient Intercom™

An Educational Service of Audio-Digest Foundation® and the Scientific Board of the California Medical Association

1577 East Chevy Chase Drive, Glendale, CA 91206

FOR FASTER SERVICE CALL: 1-800/423-2308,
1-800/232-2165 (California)



TENEX[®]

(Guanfacine HCl)

A-H-ROBINS Pharmaceutical Division, Richmond, Virginia 23261-6609
©A. H. Robins Company 1988





IN HYPERTENSION*

QUALITY

*CAPOTEN® (captopril tablets) may be used as initial therapy only for patients with normal renal function in whom the risk of neutropenia/agranulocytosis is relatively low (1 out of over 8,600 in clinical trials). Use special precautions in patients with impaired renal function, collagen vascular disorders, or those exposed to other drugs known to affect the white cells or immune response. Evaluation of hypertensives should always include assessment of renal function. Overall, the most frequently occurring adverse reactions associated with CAPOTEN are skin rash and taste alteration; both effects are generally mild, reversible, or self-limited. See INDICATIONS AND USAGE, WARNINGS, and ADVERSE REACTIONS in the brief summary on the adjacent page.

1. Croog SH, Levine S, Testa MA, et al: The effects of antihypertensive therapy on the quality of life. *N Engl J Med* 314(26):1657-1664, 1986.



Means a job well done.

We spend so much of our lives at work...it's no wonder our work performance is key to our quality of life. Work performance is also a key factor in assessing antihypertensive therapy. CAPOTEN improved hypertensive patients' work performance (e.g., ability to keep pace with the job, concentration, job satisfaction, less on-the-job fatigue).¹ So, for hypertensive patients who work, why not prescribe the antihypertensive that can work for them... CAPOTEN.

These data are based on a multicenter, randomized, 24-week study of 626 mild-to-moderate hypertensive male patients with normal renal function, 181 of whom received captopril.

OF LIFE

THE
CAPOTEN[®] 
(captopril tablets)
DIFFERENCE

QUALITY OF LIFE

THE CAPOTEN[®]

(captopril tablets)

DIFFERENCE

CAPOTEN[®] TABLETS

Captopril Tablets

INDICATIONS: Hypertension—CAPOTEN (captopril) is indicated for the treatment of hypertension. Consideration should be given to the risk of neutropenia/agranulocytosis (see WARNINGS). CAPOTEN may be used as initial therapy for patients with normal renal function, in whom the risk is relatively low. In patients with impaired renal function, particularly those with collagen vascular disease, captopril should be reserved for those who have either developed unacceptable side effects on other drugs, or have failed to respond satisfactorily to drug combinations. CAPOTEN is effective alone and in combination with other antihypertensive agents, especially thiazide-type diuretics.

Heart Failure: CAPOTEN (captopril) is indicated in patients with heart failure who have not responded adequately to or cannot be controlled by conventional diuretic and digitalis therapy. CAPOTEN is to be used with diuretics and digitalis.

CONTRAINDICATIONS: CAPOTEN is contraindicated in patients who are hypersensitive to this product.

WARNINGS: Neutropenia/Agranulocytosis—Neutropenia ($< 1000/\text{mm}^3$) with myeloid hypoplasia has resulted from use of captopril. About half of the neutropenic patients developed systemic or oral cavity infections or other features of the syndrome of agranulocytosis. The risk of neutropenia is dependent on the clinical status of the patient:

In clinical trials in patients with hypertension who have normal renal function (serum creatinine less than 1.6 mg/dL and no collagen vascular disease), neutropenia has been seen in one patient out of over 8,600 exposed. In patients with some degree of renal failure (serum creatinine at least 1.6 mg/dL) but no collagen vascular disease, the risk in clinical trials was about 1 per 500. Doses were relatively high in these patients, particularly in view of their diminished renal function. In patients with collagen vascular diseases (e.g., systemic lupus erythematosus, scleroderma) and impaired renal function, neutropenia occurred in 3.7% of patients in clinical trials. While none of the over 750 patients in formal clinical trials of heart failure developed neutropenia, it has occurred during the subsequent clinical experience. Of reported cases, about half had serum creatinine ≥ 1.6 mg/dL and more than 75% received procainamide. In heart failure, it appears that the same risk factors for neutropenia are present.

Neutropenia has appeared usually within 3 months after starting therapy, associated with myeloid hypoplasia and frequently accompanied by erythroid hypoplasia and decreased numbers of megakaryocytes (e.g., hypoplastic bone marrow and pancytopenia); anemia and thrombocytopenia were sometimes seen. Neutrophils generally returned to normal in about 2 weeks after captopril was discontinued, and serious infections were limited to clinically complex patients. About 13% of the cases of neutropenia have ended fatally, but almost all fatalities were in patients with serious illness, having collagen vascular disease, renal failure, heart failure or immunosuppressant therapy, or a combination of these complicating factors. **Evaluation of the hypertensive or heart failure patient should always include assessment of renal function.** If captopril is used in patients with impaired renal function, white blood cell and differential counts should be evaluated prior to starting treatment and at approximately 2-week intervals for about 3 months, then periodically. In patients with collagen vascular disease or who are exposed to other drugs known to affect the white cells or immune response, particularly when there is impaired renal function, captopril should be used only after an assessment of benefit and risk, and then with caution. All patients treated with captopril should be told to report any signs of infection (e.g., sore throat, fever). If infection is suspected, perform white cell counts without delay. Since discontinuation of captopril and other drugs has generally led to prompt return of the white count to normal, upon confirmation of neutropenia (neutrophil count $< 1000/\text{mm}^3$) withdraw captopril and closely follow the patient's course.

Proteinuria: Total urinary proteins ≥ 1 g per day were seen in about 0.7% of patients on captopril. About 90% of affected patients had evidence of prior renal disease or received high doses (> 150 mg/day), or both. The nephrotic syndrome occurred in about one-fifth of proteinuric patients. In most cases, proteinuria subsided or cleared within 6 months whether or not captopril was continued. The BUN and creatinine were seldom altered in proteinuric patients. Since most cases of proteinuria occurred by the 8th month of therapy with captopril, patients with prior renal disease or those receiving captopril at doses ≥ 150 mg per day, should have urinary protein estimates (dip-stick on 1st morning urine) before therapy, and periodically thereafter.

Hypotension: Excessive hypotension was rarely seen in hypertensive patients but is a possibility in severely salt/volume-depleted persons such as those treated vigorously with diuretics (see PRECAUTIONS [Drug Interactions]). In heart failure, where the blood pressure was either normal or low, transient decreases in mean blood pressure $\sim 20\%$ were recorded in about half of the patients. This transient hypotension may occur after any of the first several doses and is usually well tolerated, although rarely it has been associated with arrhythmia or conduction defects. A starting dose of 6.25 or 12.5 mg tid may minimize the hypotensive effect. Patients should be followed closely for the first 2 weeks of treatment and whenever the dose of captopril and/or diuretic is increased.

BECAUSE OF THE POTENTIAL FALL IN BLOOD PRESSURE IN THESE PATIENTS, THERAPY SHOULD BE STARTED UNDER VERY CLOSE MEDICAL SUPERVISION.

PRECAUTIONS: General: Impaired Renal Function—Hypertension—Some hypertensive patients with renal disease, particularly those with severe renal artery stenosis, have developed increases in BUN and serum creatinine. It may be necessary to reduce captopril dosage and/or discontinue diuretic. For some of these patients, normalization of blood pressure and maintenance of adequate renal perfusion may not be possible. **Heart Failure—**About 20% of patients develop stable elevations of BUN and serum creatinine $\sim 20\%$ above normal or baseline upon long-term treatment. Less than 5% of patients, generally with severe preexisting renal disease, required discontinuation due to progressively increasing creatinine. See DOSAGE AND ADMINISTRATION. **ADVERSE REACTIONS [Altered Laboratory Findings]. Vascular Stenosis—**A theoretical concern, for risk of decreased coronary perfusion, has been noted regarding vasodilator treatment in patients with aortic stenosis due to decreased afterload reduction. **Surgery/Anesthesia—**If hypotension occurs during surgery or anesthesia, and is considered due to the effects of captopril, it is correctable by volume expansion.

Drug Interactions: Hypotension—Patients on Diuretic Therapy—Precipitous reduction of blood pressure may occasionally occur within the 1st hour after administration of the initial of captopril dose in patients on diuretics, especially those recently placed on diuretics, and those on severe dietary salt restriction or dialysis. This possibility can be minimized

by either discontinuing the diuretic or increasing the salt intake about 1 week prior to initiation of captopril therapy or by initiating therapy with small doses (6.25 or 12.5 mg). Alternatively, provide medical supervision for at least 1 hour after the initial dose.

Agents Having Vasodilator Activity—In heart failure patients, vasodilators should be administered with caution.

Agents Causing Renin Release—Captopril's effect will be augmented by antihypertensive agents that cause renin release.

Agents Affecting Sympathetic Activity—The sympathetic nervous system may be especially important in supporting blood pressure in patients receiving captopril alone or with diuretics. Beta-adrenergic blocking drugs add some further antihypertensive effect to captopril, but the overall response is less than additive. Therefore, use agents affecting sympathetic activity (e.g., ganglionic blocking agents or adrenergic neuron blocking agents) with caution.

Agents Increasing Serum Potassium—Give potassium-sparing diuretics or potassium supplements only for documented hypokalemia, and then with caution, since they may lead to a significant increase of serum potassium. Use potassium-containing salt substitutes with caution.

Inhibitors of Endogenous Prostaglandin Synthesis—Indomethacin and other nonsteroidal anti-inflammatory agents may reduce the antihypertensive effect of captopril, especially in low renin hypertension.

Drug/Laboratory Test Interaction: Captopril may cause a false-positive urine test for acetone.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Two-year studies with doses of 50 to 1350 mg/kg/day in mice and rats failed to show any evidence of carcinogenic potential. Studies in rats have revealed no impairment of fertility.

Pregnancy: Category C: There are no adequate and well-controlled studies in pregnant women. Embryocidal effects and craniofacial malformations were observed in rabbits. Therefore, captopril should be used during pregnancy, or for patients likely to become pregnant, only if the potential benefit outweighs the potential risk to the fetus. Captopril crosses the human placenta.

Nursing Mothers: Captopril is secreted in human milk. Exercise caution when administering captopril to a nursing woman, and, in general, nursing should be interrupted.

Pediatric Use: Safety and effectiveness in children have not been established although there is limited experience with use of captopril in children from 2 months to 15 years of age. Dosage, on a weight basis, was comparable to that used in adults. CAPOTEN (captopril) should be used in children only if other measures for controlling blood pressure have not been effective.

ADVERSE REACTIONS: Reported incidences are based on clinical trials involving approximately 7000 patients.

Renal—About 1 of 100 patients developed proteinuria (see WARNINGS). Renal insufficiency, renal failure, polyuria, oliguria, and urinary frequency in 1 to 2 of 1000 patients.

Hematologic—Neutropenia/agranulocytosis has occurred (see WARNINGS). Anemia, thrombocytopenia, and pancytopenia have been reported.

Dermatologic—Rash, (usually maculopapular, rarely urticarial), often with pruritus, and sometimes with fever and eosinophilia, in about 4 to 7 of 100 patients (depending on renal status and dose), usually during the 1st 4 weeks of therapy. Pruritus, without rash, in about 2 of 100 patients. A reversible associated pemphigoid-like lesion, and photosensitivity, have also been reported. Angioedema of the face, mucous membranes of the mouth, or of the extremities in about 1 of 1000 patients—reversible on discontinuance of captopril therapy. One case of laryngeal edema has been reported. Flushing or pallor in 2 to 5 of 1000 patients.

Cardiovascular—Hypotension may occur; see WARNINGS and PRECAUTIONS [Drug Interactions] for discussion of hypotension on initiation of captopril therapy. Tachycardia, chest pain, and palpitations each in about 1 of 100 patients. Angina pectoris, myocardial infarction, Raynaud's syndrome, and congestive heart failure each in 2 to 3 of 1000 patients.

Dysgeusia—Approximately 2 to 4 (depending on renal status and dose) of 100 patients developed a diminution or loss of taste perception; taste impairment is reversible and usually self-limited even with continued drug use (2 to 3 months). Gastric irritation, abdominal pain, nausea, vomiting, diarrhea, anorexia, constipation, aphthous ulcers, peptic ulcer, dizziness, headache, malaise, fatigue, insomnia, dry mouth, dyspnea, cough, alopecia, paresthesias reported in about 0.5 to 2% of patients but did not appear at increased frequency compared to placebo or other treatments used in controlled trials.

Altered Laboratory Findings: Elevations of liver enzymes in a few patients although no causal relationship has been established. Rarely cholestatic jaundice, and hepatocellular injury with or without secondary cholestasis, have been reported. A transient elevation of BUN and serum creatinine may occur, especially in volume-depleted or renovascular hypertension patients. In instances of rapid reduction of longstanding or severely elevated blood pressure, the glomerular filtration rate may decrease transiently, also resulting in transient rises in serum creatinine and BUN. Small increases in serum potassium concentration frequently occur, especially in patients with renal impairment (see PRECAUTIONS).

OVERDOSAGE: Primary concern is correction of hypotension. Volume expansion with an I.V. infusion of normal saline is the treatment of choice for restoration of blood pressure. Captopril may be removed from the general circulation by hemodialysis.

DOSAGE AND ADMINISTRATION: CAPOTEN (captopril) should be taken one hour before meals. In hypertension, CAPOTEN may be dosed bid or tid. Dosage must be individualized; see DOSAGE AND ADMINISTRATION section of package insert for detailed information regarding dosage in hypertension and in heart failure. Because CAPOTEN (captopril) is excreted primarily by the kidneys, dosage adjustments are recommended for patients with impaired renal function.

Consult package insert before prescribing CAPOTEN (captopril).

HOW SUPPLIED: Available in tablets of 12.5, 25, 50, and 100 mg in bottles of 100 (25 mg and 50 mg also available in bottles of 1000), and in UNIMATIC[®] unit-dose packs of 100 tablets. (J3-658J)



Multi-Million Dollar Refund to CAP/MPT Members

Refunds of at least 20% of 1987 assessments were distributed December 31, 1987.
Actual per-doctor refunds of up to \$4,100.00.

This refund made possible by MPT's:

- Careful selection of new members.
- Outstanding claims management.
- Education and loss prevention programs.

News for 1988

- No increase in total rate structure for any specialty
- Reductions for favorable claims experience
- Reductions for Northern California, San Diego, and Imperial County
- Reduction in risk class and cost for anesthesiologists

Depending on your specialty, you may qualify to save 20 to 50% on professional liability protection for comparable coverage.

Call 800-252-7706.

Rates by specialty quoted over phone.



Cooperative of American Physicians, Inc.

MUTUAL PROTECTION TRUST

3550 Wilshire Boulevard, Suite 1800, Los Angeles, CA 90010

The Longest Established Trust Of Its Kind In The Nation.

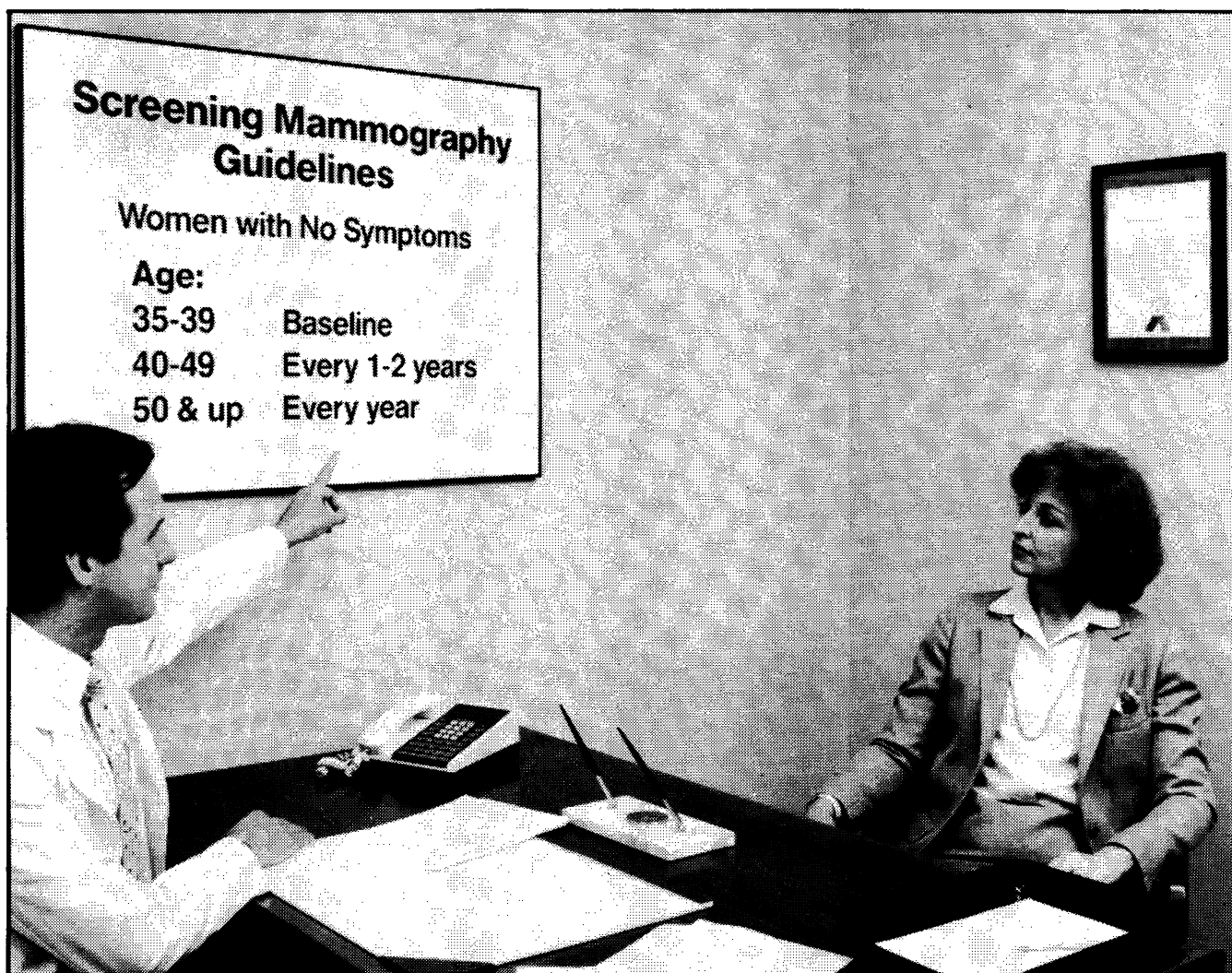


A name to
remember

Zantac[®]
ranitidine HCl/Glaxo

ZANTAC 300 mg tablets
ZANTAC 150 mg tablets
ZANTAC INJECTION

Glaxo / **ROCHE**



What will you tell her about screening mammography?

Many of your patients will hear about screening mammography through a program launched by the American Cancer Society and the American College of Radiology, and they may come to you with questions. What will you tell them?

We hope you'll encourage them to have a screening mammogram, because that, along with

your regular breast examinations and their monthly self examinations, offers the best chance of early detection of breast cancer, a disease which will strike one woman in 10.

If you have questions about breast cancer detection for asymptomatic women, please contact us.



Professional Education Dept.
National Headquarters
90 Park Avenue
New York, New York 10016
or your local society



American
College of
Radiology

1891 Preston White Drive
Reston, Virginia 22091
(703) 648-8900

**The benefit of antianginal
protection plus safety...**



CARDIZEM®
diltiazem HCl/Marion

A FULLER LIFE

A remarkable safety profile¹⁻⁶

The low incidence of side effects with Cardizem allows patients to feel better.

Protection against angina attacks^{1,5,7-9}

The predictable efficacy of Cardizem in stable exertional* and vasospastic angina allows patients to do more.

A decrease in myocardial oxygen demand

Resulting from a lowered heart rate-blood pressure product.⁵

Compatible with other antianginals⁶⁺

Safe in angina with coexisting hypertension, COPD, asthma, or PVD^{1,3,5,6}

*CARDIZEM® (diltiazem HCl) is indicated in the treatment of angina pectoris due to coronary artery spasm and in the management of chronic stable angina (classic effort-associated angina) in patients who cannot tolerate therapy with beta-blockers and/or nitrates or who remain symptomatic despite adequate doses of these agents.

[†]See Warnings and Precautions.

Please see brief summary of prescribing information on the next page.

0453S7

**60^{mg} GREATER
DOSAGE
FLEXIBILITY^{mg}
90/120**



CARDIZEM[®] ANTIANGINAL PROTECTION

diltiazem HCl/Marion PLUS SAFETY

Usual maintenance dosage range: 180-360 mg/day

Brief Summary

Professional Use Information

CARDIZEM[®]

(diltiazem HCl) 30 mg, 60 mg, 90 mg, and 120 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

- Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
- Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
- Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
- Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies,

oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in *in vitro* bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Rx

Cardizem[®]
(diltiazem HCl)

☐ 60 mg ☐ 90 mg

☐ 120 mg

Sig: tid

- Cardiovascular:** Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
- Nervous System:** Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
- Gastrointestinal:** Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
- Dermatologic:** Petechiae, pruritus, photosensitivity, urticaria.
- Other:** Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarthral pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 9/86

See complete Professional Use Information before prescribing.

References: 1. Schroeder JS: *Mod Med* 1982;50(Sept):94-116. 2. Cohn PF, Braunwald E: *Chronic ischemic heart disease*, in Braunwald E (ed): *Heart Disease: A Textbook of Cardiovascular Medicine*, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. 3. O'Rourke RA: *Am J Cardiol* 1985;56:34H-40H. 4. McCall D, Walsh RA, Frohlich ED, et al: *Curr Probl Cardiol* 1985;10(8):6-80. 5. Frishman WH, Charlap S, Goldberger J, et al: *Am J Cardiol* 1985;56:41H-46H. 6. Shapiro W: *Consultant* 1984;24(Dec):150-159. 7. O'Hara MJ, Khurmi NS, Bowles MJ, et al: *Am J Cardiol* 1984;54:477-481. 8. Strauss WE, McIntyre KM, Parisi AF, et al: *Am J Cardiol* 1982;49:560-566. 9. Feldman RL, Pepine CJ, Whittle J, et al: *Am J Cardiol* 1982;49:554-559.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION
LABORATORIES, INC.
KANSAS CITY, MO 64137

0453S7

Practice Enhancement.

Advanced innovations from ISP Pharmaceuticals, Inc.

- ☐ ISP pharmaceutical vials are color coded by drug category for rapid identification.
- ☐ Child-resistant tops can be reversed to become easy-opening for arthritic or elderly patients.
- ☐ Your practice name and logo, chart information,

national drug codes for insurance billing and a convenient patient receipt are included.

- ☐ ISP vials arrive at your office safety-sealed for your patients' protection and your own.



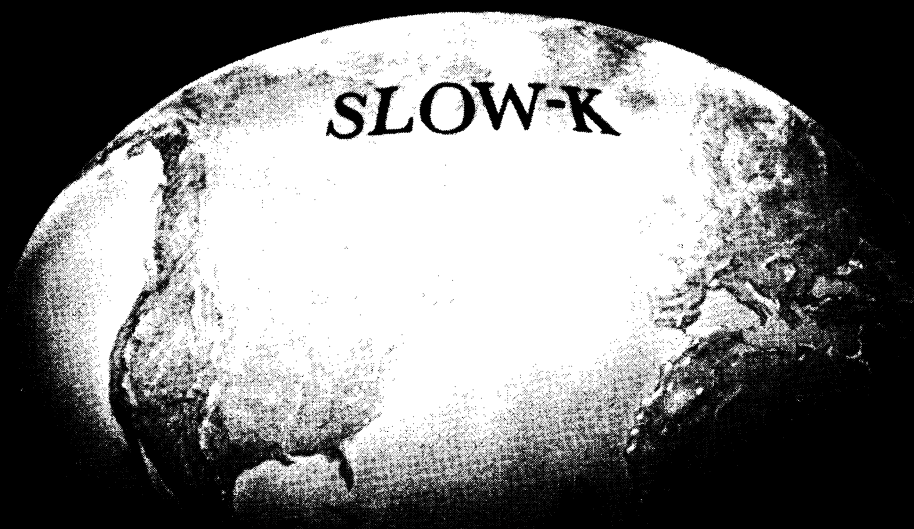
Call 1 (800) 782-8725

Our operators will answer your questions and fill your orders.

17210 Marquardt Ave., P.O. Box 3550

ISP
ISP PHARMACEUTICALS, INC.

Cerritos, California 90703-3550



The World's Most Popular K*

Slow-K[®]
potassium chloride
slow-release tablets
8 mEq (600 mg)

It means "dependability" in almost any language

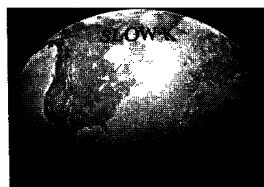
*Based on worldwide sales data on file, CIBA Pharmaceutical Company.
Capsule or tablet slow-release potassium chloride preparations should be reserved for patients who cannot tolerate, refuse to take, or have compliance problems with liquid or effervescent potassium preparations because of reports of intestinal and gastric ulceration and bleeding with slow-release KCl preparations.

Before prescribing, please consult Brief Prescribing Information on next page.

The World's Most Popular K

For good reasons

- ☐ **It works**—a 12-year record of efficacy¹
- ☐ **It's safe**—unsurpassed by any other KCl tablet or capsule^{2*}
- ☐ **It's acceptable vs liquids**—greater palatability, fewer GI complaints, lower incidence of nausea²
- ☐ **It's comparable to 10 mEq**—in low-dosage supplementation^{3†}
- ☐ **It's economical**—less expensive than all other leading KCl slow-release supplements on a per tablet cost to the patient¹



Slow-K[®]
potassium chloride
slow-release tablets 8 mEq (600 mg)

For patients who can't or won't tolerate liquid KCl.

*The most common adverse reactions to potassium salts are gastrointestinal side effects.

†Pooled mean serum potassium following oral administration of 30 mEq K-Tab compared to 24 mEq Slow-K in diuretic-treated hypertensives (n = 20) over 8 weeks.

C I B A

References: 1. Data on file, CIBA Pharmaceutical Company. 2. Skoutakis VA, Acchiardo SR, Wojciechowski NJ, et al: Liquid and solid potassium chloride: Bioavailability and safety. *Pharmacotherapy* 1980;4(6):392-397. 3. Skoutakis VA, Carter CA, Acchiardo SR: Therapeutic assessment of Slow-K and K-Tab potassium chloride formulations in hypertensive patients treated with thiazide diuretics. *Drug Intell Clin Pharm* 1987;21:436-440.

Slow-K[®]
potassium chloride USP
Slow-Release Tablets
8 mEq (600 mg)

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION SEE PACKAGE INSERT)

INDICATIONS AND USAGE
BECAUSE OF REPORTS OF INTESTINAL AND GASTRIC ULCERATION AND BLEEDING WITH SLOW-RELEASE POTASSIUM CHLORIDE PREPARATIONS, THESE DRUGS SHOULD BE RESERVED FOR THOSE PATIENTS WHO CANNOT TOLERATE OR REFUSE TO TAKE LIQUID OR EFFERVESCENT POTASSIUM PREPARATIONS OR FOR PATIENTS IN WHOM THERE IS A PROBLEM OF COMPLIANCE WITH THESE PREPARATIONS.

1. For therapeutic use in patients with hypokalemia with or without metabolic alkalosis; in digitalis intoxication and in patients with hypokalemic familial periodic paralysis.

2. For prevention of potassium depletion when the dietary intake of potassium is inadequate in the following conditions: patients receiving digitalis and diuretics for congestive heart failure; hepatic cirrhosis with ascites; states of aldosterone excess with normal renal function; potassium-losing nephropathy; and certain diarrheal states.

3. The use of potassium salts in patients receiving diuretics for uncomplicated essential hypertension is often unnecessary when such patients have a normal dietary pattern. Serum potassium should be checked periodically, however, and if hypokalemia occurs, dietary supplementation with potassium-containing foods may be adequate to control milder cases. In more severe cases supplementation with potassium salts may be indicated.

CONTRAINDICATIONS

Potassium supplements are contraindicated in patients with hyperkalemia, since a further increase in serum potassium concentration in such patients can produce cardiac arrest. Hyperkalemia may complicate any of the following conditions: chronic renal failure, systemic acidosis such as diabetic acidosis, acute dehydration, extensive tissue breakdown as in severe burns, adrenal insufficiency, or the administration of a potassium-sparing diuretic (e.g., spironolactone, triamterene) (see OVERDOSAGE).

All solid dosage forms of potassium supplements are contraindicated in any patient in whom there is cause for arrest or delay in tablet passage through the gastrointestinal tract. In these instances, potassium supplementation should be with a liquid preparation. Wax-matrix potassium chloride preparations have produced esophageal ulceration in certain cardiac patients with esophageal compression due to an enlarged left atrium.

WARNINGS

Hyperkalemia (See OVERDOSAGE).

In patients with impaired mechanisms for excreting potassium, the administration of potassium salts can produce hyperkalemia and cardiac arrest. This occurs most commonly in patients given potassium by the intravenous route but may also occur in patients given potassium orally. Potentially fatal hyperkalemia can develop rapidly and be asymptomatic.

The use of potassium salts in patients with chronic renal disease, or any other condition which impairs potassium excretion, requires particularly careful monitoring of the serum potassium concentration and appropriate dosage adjustment.

Interaction With Potassium-Sparing Diuretics

Hypokalemia should not be treated by the concomitant administration of potassium salts and a potassium-sparing diuretic (e.g., spironolactone or triamterene), since the simultaneous administration of these agents can produce severe hyperkalemia.

Gastrointestinal Lesions

Potassium chloride tablets have produced stenotic and/or ulcerative lesions of the small bowel and deaths. These lesions are caused by a high localized concentration of potassium ion in the region of a rapidly dissolving tablet, which injures the bowel wall and thereby produces obstruction, hemorrhage, or perforation. Slow-K is a wax-matrix tablet formulated to provide a controlled rate of release of potassium chloride and thus to minimize the possibility of a high local concentration of potassium ion near the bowel wall. While the reported frequency of small-bowel lesions is much less with wax-matrix tablets (less than one per 100,000 patient-years) than with enteric-coated potassium chloride tablets (40-50 per 100,000 patient-years) cases associated with wax-matrix tablets have been reported both in foreign countries and in the United States. In addition, perhaps because the wax-matrix preparations are not enteric-coated and release potassium in the stomach, there have been reports of upper gastrointestinal bleeding associated with these products. The total number of gastrointestinal lesions remains approximately one per 100,000 patient-years. Slow-K should be discontinued immediately and the possibility of bowel obstruction or perforation considered if severe vomiting, abdominal pain, distention, or gastrointestinal bleeding occurs.

Metabolic Acidosis

Hypokalemia in patients with metabolic acidosis should be treated with an alkalinizing potassium salt such as potassium bicarbonate, potassium citrate, or potassium acetate.

PRECAUTIONS

General:

The diagnosis of potassium depletion is ordinarily made by demonstrating hypokalemia in a patient with a clinical history suggesting some cause for potassium depletion. In interpreting the serum potassium level, the physician should bear in mind that acute alkalosis *per se* can produce hypokalemia in the absence of a deficit in total body potassium, while acute acidosis *per se* can increase the serum potassium concentration into the normal range even in the presence of a reduced total body potassium.

Precaution for Patients

Physicians should consider reminding the patient of the following:

To take each dose without crushing, chewing, or sucking the tablets.
To take this medicine only as directed. This is especially important if the patient is also taking both diuretics and digitalis preparations.

To check with the physician if there is trouble swallowing tablets or if the tablets seem to stick in the throat.

To check with the doctor at once if tarry stools or other evidence of gastrointestinal bleeding is noticed.

Laboratory Tests

Regular serum potassium determinations are recommended. In addition, during the treatment of potassium depletion, careful attention should be paid to acid-base balance, other serum electrolyte levels, the electrocardiogram, and the clinical status of the patient, particularly in the presence of cardiac disease, renal disease, or acidosis.

Drug Interactions

Potassium-sparing diuretics: see WARNINGS.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in animals have not been performed.

Pregnancy Category C

Animal reproduction studies have not been conducted with Slow-K. It is also not known whether Slow-K can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Slow-K should be given to a pregnant woman only if clearly needed.

Nursing Mothers

The normal potassium ion content of human milk is about 13 mEq/L. It is not known if Slow-K has an effect on this content. Caution should be exercised when Slow-K is administered to a nursing woman.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

One of the most severe adverse effects is hyperkalemia (see CONTRAINDICATIONS, WARNINGS, and OVERDOSAGE). There also have been reports of upper and lower gastrointestinal conditions including obstruction, bleeding, ulceration, and perforation (see CONTRAINDICATIONS and WARNINGS); other factors known to be associated with such conditions were present in many of these patients.

The most common adverse reactions to oral potassium salts are nausea, vomiting, abdominal discomfort, and diarrhea. These symptoms are due to irritation of the gastrointestinal tract and are best managed by taking the dose with meals or reducing the dose.

Skin rash has been reported rarely.

OVERDOSAGE

The administration of oral potassium salts to persons with normal excretory mechanisms for potassium rarely causes serious hyperkalemia. However, if excretory mechanisms are impaired or if potassium is administered too rapidly intravenously, potentially fatal hyperkalemia can result (see CONTRAINDICATIONS and WARNINGS). It is important to recognize that hyperkalemia is usually asymptomatic and may be manifested only by an increased serum potassium concentration (6.5-8.0 mEq/L) and characteristic electrocardiographic changes (peaking of T waves, loss of P wave, depression of S-T segment, and prolongation of the Q-T interval). Late manifestations include muscle paralysis and cardiovascular collapse from cardiac arrest (9-12 mEq/L).

Treatment measures for hyperkalemia include the following: (1) elimination of foods and medications containing potassium and of potassium-sparing diuretics; (2) intravenous administration of 300-500 mEq of 10% dextrose solution containing 10-20 units of insulin per 1,000 mL; (3) correction of acidosis, if present, with intravenous sodium bicarbonate; (4) use of exchange resins, hemodialysis, or peritoneal dialysis.

In treating hyperkalemia in patients who have been stabilized on digitalis, too rapid a lowering of the serum potassium concentration can produce digitalis toxicity.

DOSAGE AND ADMINISTRATION

The usual dietary intake of potassium by the average adult is 40-80 mEq per day. Potassium depletion sufficient to cause hypokalemia usually requires the loss of 200 or more mEq of potassium from the total body store. Dosage must be adjusted to the individual needs of each patient but is typically in the range of 20 mEq per day for the prevention of hypokalemia to 40-100 mEq or more per day for the treatment of potassium depletion. Large numbers of tablets should be given in divided doses.

Note: Slow-K slow-release tablets must be swallowed whole and never crushed, chewed, or sucked.

HOW SUPPLIED

Tablets—600 mg of potassium chloride (equivalent to 8 mEq) round, buff colored, sugar-coated (imprinted Slow-K)

Bottles of 100 NDC 0083-0165-30

Bottles of 1000 NDC 0083-0165-40

Consumer Pack—One Unit

12 Bottles—100 tablets each NDC 0083-0165-65

Accu-Pak[®] Unit Dose (Blister pack)

Box of 100 (strips of 10) NDC 0083-0165-32

Do not store above 86°F (30°C). Protect from moisture. Protect from light.

Dispense in tight, light-resistant container (USP).

Dist. by:
CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

C87-31 (Rev. 8/87)

C I B A

128-3568-A



In hypertension you want...

**vasodilation
and
protection
of the heart***

NORMODYNE® gives you both
(labetalol HCl) Tablets

	vasodilation	beta blockade
NORMODYNE (labetalol HCl) Tablets	✓	✓
Beta Blockers		✓
ACE Inhibitors	✓	
Calcium Channel Blockers	✓	

- ☐ Low incidence of impotence, fatigue, or cold extremities†
- ☐ Lipid and potassium levels are not adversely affected
- ☐ Minimizes risk of reflex tachycardia
- ☐ Maintains cardiac output
- ☐ Maintains exercise capacity
- ☐ Does not adversely affect heart rate
- ☐ Maintains blood flow to vital organs
- ☐ Renal function is unimpaired

*reduces double product (HR × SBP) and minimizes the risk of reflex tachycardia

†Most adverse effects are mild, transient, and occur early in the course of treatment. In controlled clinical trials of three to four months' duration,

the most common side effects noted in treating mild to moderate hypertension with NORMODYNE (labetalol HCl) Tablets include dizziness (11%), nausea (6%), and fatigue (5%). Dyspepsia (3%), nasal stuffiness (3%), impotence (1%), and drows-

iness (<1%) occurred to a lesser degree. Overall, reports of symptomatic postural hypotension have been uncommon and have included rare instances of syncope. For complete side effects profile, see Prescribing Information.

For Brief Summary, please see reverse side of page.

Copyright © 1987, Key Pharmaceuticals, Inc., Kenilworth, New Jersey. All rights reserved.

KEY Key Pharmaceuticals, Inc.
Kenilworth, NJ 07033
World leader in drug delivery systems.

13071942-JBS

PRODUCT INFORMATION

NORMODYNE®

brand of labetalol hydrochloride

Tablets

BRIEF SUMMARY

INDICATIONS AND USAGE

NORMODYNE (labetalol HCl) Tablets are indicated in the management of hypertension. **NORMODYNE Tablets** may be used alone or in combination with other antihypertensive agents, especially thiazide and loop diuretics.

CONTRAINDICATIONS

NORMODYNE (labetalol HCl) Tablets are contraindicated in bronchial asthma, overt cardiac failure, greater than first degree heart block, cardiogenic shock, and severe bradycardia (see **WARNINGS**).

WARNINGS

Cardiac Failure Sympathetic stimulation is a vital component supporting circulatory function in congestive heart failure. Beta blockade carries a potential hazard of further depressing myocardial contractility and precipitating more severe failure. Although beta-blockers should be avoided in overt congestive heart failure, if necessary, labetalol HCl can be used with caution in patients with a history of heart failure who are well-compensated. Congestive heart failure has been observed in patients receiving labetalol HCl. Labetalol HCl does not abolish the inotropic action of digitalis on heart muscle.

In Patients Without a History of Cardiac Failure In patients with latent cardiac insufficiency, continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of impending cardiac failure, patients should be fully digitalized and/or be given a diuretic, and the response observed closely. If cardiac failure continues, despite adequate digitalization and diuretic, **NORMODYNE (labetalol HCl) Tablets** should be withdrawn (gradually if possible).

Exacerbation of Isolated Heart Disease Angina pectoris has been reported upon labetalol HCl discontinuation. However, hypersensitivity to catecholamines has been observed in patients withdrawn from beta-blocker therapy; exacerbation of angina and, in some cases, myocardial infarction have occurred after abrupt discontinuation of such therapy. When discontinuing chronically administered **NORMODYNE (labetalol HCl)**, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of one to two weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, **NORMODYNE (labetalol HCl)** administration should be reinstituted promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue **NORMODYNE (labetalol HCl)** therapy abruptly even in patients treated only for hypertension.

Nonallergic Bronchospasm (e.g., chronic bronchitis and emphysema) Patients with bronchospastic disease should, in general, not receive beta-blockers. **NORMODYNE** may be used with caution, however, in patients who do not respond to, or cannot tolerate, other antihypertensive agents. It is prudent, if **NORMODYNE** is used, to use the smallest effective dose, so that inhibition of endogenous or exogenous beta-agonists is minimized.

Pheochromocytoma Labetalol HCl has been shown to be effective in lowering the blood pressure and relieving symptoms in patients with pheochromocytoma. However, paradoxical hypertensive responses have been reported in a few patients with this tumor; therefore, use caution when administering labetalol HCl to patients with pheochromocytoma.

Diabetes Mellitus and Hypoglycemia Beta-adrenergic blockade may prevent the appearance of premonitory signs and symptoms (e.g., tachycardia) of acute hypoglycemia. This is especially important with labile diabetes. Beta-blockade also reduces the release of insulin in response to hyperglycemia; it may therefore be necessary to adjust the dose of anti-diabetic drugs.

Major Surgery The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. Prolonged severe hypotension and difficulty in restarting or maintaining a heart beat have been reported with beta-blockers. The effect of labetalol HCl's alpha-adrenergic activity has not been evaluated in this setting.

A synergism between labetalol HCl and halothane anesthesia has been shown (see **Drug Interactions**).

PRECAUTIONS

General Impaired Hepatic Function **NORMODYNE (labetalol HCl) Tablets** should be used with caution in patients with impaired hepatic function since metabolism of the drug may be diminished.

Jaundice or Hepatic Dysfunction On rare occasions, labetalol HCl has been associated with jaundice (both hepatic and cholestatic). It is therefore recommended that treatment with labetalol HCl be stopped immediately should a patient develop jaundice or laboratory evidence of liver injury. Both have been shown to be reversible on stopping therapy. Information for Patients

As with all drugs with beta-blocking activity, certain advice to patients being treated with labetalol HCl is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects. While no incident of the abrupt withdrawal phenomenon (exacerbation of angina pectoris) has been reported with labetalol HCl, dosing with **NORMODYNE Tablets** should not be interrupted or discontinued without a physician's advice. Patients being treated with **NORMODYNE Tablets** should consult a physician at any sign of impending cardiac failure. Also, transient scalp tingling may occur, usually when treatment with **NORMODYNE Tablets** is initiated (see **ADVERSE REACTIONS**).

Laboratory Tests

As with any new drug given over prolonged periods, laboratory parameters should be observed over regular intervals. In patients with concomitant illnesses, such as impaired renal function, appropriate tests should be done to monitor these conditions.

Drug Interactions

In one survey, 2.3% of patients taking labetalol HCl in combination with tricyclic antidepressants experienced tremor as compared to 0.7% reported to occur with labetalol HCl alone. The contribution of each of the treatments to this adverse reaction is unknown but the possibility of a drug interaction cannot be excluded.

Drugs possessing beta-blocking properties can blunt the bronchodilator effect of beta-receptor agonist drugs in patients with bronchospasm; therefore, doses greater than the normal anti-asthmatic dose of beta-agonist bronchodilator drugs may be required.

Cimetidine has been shown to increase the bioavailability of labetalol HCl. Since this could be explained either by enhanced absorption or by an alteration of hepatic metabolism of labetalol HCl, special care should be used in establishing the dose required for blood pressure control in such patients.

Synergism has been shown between halothane anesthesia and intravenously administered labetalol HCl. During controlled hypotensive anesthesia using labetalol HCl in association with halothane, high concentrations (3% or above) of halothane should not be used because the degree of hypotension will be increased and because of the possibility of a large reduction in cardiac output and an increase in central venous pressure. The anesthesiologist should be informed when a patient is receiving labetalol HCl.

Labetalol HCl blunts the reflex tachycardia produced by nitroglycerin without preventing its hypotensive effect. If labetalol HCl is used with nitroglycerin in patients with angina pectoris, additional antihypertensive effects may occur.

Drug/Laboratory Test Interactions

The presence of a metabolite of labetalol in the urine may result in falsely increased levels of urinary catecholamines when measured by a nonspecific trihydroxyindole (THI) reaction. In screening patients suspected of having a pheochromocytoma and being treated with labetalol HCl, specific radioimmunoassay or high performance liquid chromatography assay techniques should be used to determine levels of catecholamines or their metabolites.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term oral dosing studies with labetalol HCl for 18 months in mice and for 2 years in rats showed no evidence of carcinogenesis. Studies with labetalol HCl, using dominant lethal assays in rats and mice, and exposing microorganisms according to modified Ames tests, showed no evidence of mutagenesis.

Pregnancy Category C

Teratogenic studies have been performed with labetalol in rats and rabbits at oral doses up to approximately 6 and 4 times the maximum recommended human dose (MRHD), respectively. No reproducible evidence of fetal malformations was observed. Increased fetal resorptions were seen in both species at doses approximating the MRHD. There are no adequate and well-controlled studies in pregnant women. Labetalol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects

Infants of mothers who were treated with labetalol HCl for hypertension during pregnancy did not appear to be adversely affected by the drug. Oral administration of labetalol to rats during late gestation through weaning at doses of 2 to 4 times the MRHD caused a decrease in neonatal survival.

Labor and Delivery

Labetalol HCl given to pregnant women with hypertension did not appear to affect the usual course of labor and delivery.

Nursing Mothers

Small amounts of labetalol (approximately 0.004% of the maternal dose) are excreted in human milk. Caution should be exercised when **NORMODYNE Tablets** are administered to a nursing woman.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Most adverse effects are mild, transient and occur early in the course of treatment. In controlled clinical trials of 3 to 4 months duration, discontinuation of **NORMODYNE (labetalol HCl) Tablets** due to one or more adverse effects was required in 7% of all patients. In these same trials, beta-blocker control agents led to discontinuation in 8 to 10% of patients, and a centrally acting alpha-agonist in 30% of patients.

The incidence rates of adverse reactions listed in the following table were derived from multicenter controlled clinical trials, comparing labetalol HCl, placebo, metoprolol and propranolol, over treatment periods of 3 and 4 months. Where the frequency of adverse effects for labetalol HCl and placebo is similar, causal relationship is uncertain. The rates are based on adverse reactions considered probably drug-related by the investigator. If all reports are considered, the rates are somewhat higher (e.g., dizziness 20%, nausea 14%, fatigue 11%), but the overall conclusions are unchanged.

	Labetalol HCl (N=227) %	Placebo (N=98) %	Propranolol (N=84) %	Metoprolol (N=49) %
Body as a whole				
fatigue	5	0	12	12
asthenia	1	1	1	0
headache	2	1	1	2
Gastrointestinal				
nausea	6	1	1	2
vomiting	<1	0	0	0
dyspepsia	<1	1	1	0
abdominal pain	0	0	1	2
diarrhea	<1	0	2	0
taste distortion	1	0	0	0
Central and Peripheral Nervous Systems				
dizziness	11	3	4	4
paresthesias	<1	0	0	0
drowsiness	<1	2	2	2
Autonomic Nervous System				
nasal stuffiness	3	0	0	0
ejaculation failure	2	0	0	0
impotence	2	0	1	3
increased sweating	<1	0	0	0
Cardiovascular				
edema	1	0	0	0
postural hypotension	1	0	0	0
bradycardia	0	0	5	12
Respiratory				
dyspnea	2	0	1	2
Skin				
rash	1	0	0	0
Special Senses				
vision abnormality	1	0	0	0
vertigo	2	1	0	0

The adverse effects were reported spontaneously and are representative of the incidence of adverse effects that may be observed in a properly selected hypertensive patient population, i.e., a group excluding patients with bronchospastic disease, overt congestive heart failure, or other contraindications to beta-blocker therapy.

Clinical trials also included studies utilizing daily doses up to 2400 mg in more severely hypertensive patients. Certain of the side effects increased with increasing dose as shown in the table below which depicts the entire U.S. therapeutic trials data base for adverse reactions that are clearly or possibly dose related.

Labetalol HCl Daily Dose (mg)	200	300	400	600
Number of Patients	522	181	606	608
Dizziness (%)	2	3	3	3
Fatigue	2	1	4	4
Nausea	<1	0	1	2
Vomiting	0	0	<1	<1
Dyspepsia	1	0	2	1
Paresthesias	2	0	2	2
Nasal Stuffiness	1	1	2	2
Ejaculation Failure	0	2	1	1
Impotence	1	1	1	1
Edema	1	0	1	1

Labetalol HCl Daily Dose (mg)	800	900	1200	1600	2400
Number of Patients	503	117	411	242	175
Dizziness (%)	5	1	9	13	16
Fatigue	5	3	7	6	10
Nausea	4	0	7	11	19
Vomiting	<1	0	1	2	3
Dyspepsia	1	0	2	2	4

Labetalol HCl

Daily Dose (mg)

(cont.)

800 900 1200 1600 2400

1 2 2 5 5

2 2 1 4 5

3 0 4 3 5

2 4 3 4 3

1 0 1 2 2

Edema

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

1 0 1 2 2

2 4 3 4 3

In addition, a number of other less common adverse events have been reported in clinical trials or the literature:

Cardiovascular Postural hypotension, including rarely, syncope.

DON'T OVERLOOK THE EYES WHEN TREATING ALLERGIES

More than 8 out of 10 patients who present with allergic rhinitis may suffer from concurrent allergic ocular signs and symptoms — itchy, scratchy eyes, erythema and edema, tearing, irritation — according to two recent studies.^{1,2}

What's worse is that many patients don't mention their ocular symptoms when reporting allergic rhinitis unless specifically asked.

So look for the overlapping clinical symptoms and then confidently treat allergic ocular disorders* with OPTICROM. It has a proven clinical record of efficacy with freedom from serious side effects or ocular toxicity.

OPHTHALMIC SOLUTION
OPTICROM 4%

THE SOLUTION FOR ALLERGIC OCULAR DISORDERS*

Reference: 1,2. Data on file, Fisons Corporation.
Independent Studies by DTW Market Research Group, July 1985

*See below for listing of certain allergic ocular disorders

INDICATIONS AND USAGE: OPTICROM is indicated in the treatment of certain allergic ocular disorders referred to by the terms vernal keratoconjunctivitis, vernal conjunctivitis, giant papillary conjunctivitis, vernal keratitis, and allergic keratoconjunctivitis. The etiologic factors are unknown, but common airborne allergens and contact lenses have been implicated.¹

Symptomatic response to therapy (decreased itching, tearing, redness, and discharge) is usually evident within a few days, but longer treatment for up to six weeks is sometimes required. Once symptomatic improvement has been established, therapy should be continued for as long as needed to sustain improvement.

If required, corticosteroids may be used concomitantly with OPTICROM.

Users of soft (hydrophilic) contact lenses should refrain from wearing lenses while under treatment with OPTICROM (see **Contraindications**). Wear can be resumed within a few hours after discontinuation of the drug.

CONTRAINDICATIONS: OPTICROM is contraindicated in those patients who have shown hypersensitivity to cromolyn sodium or to any of the other ingredients.

As with all ophthalmic preparations containing benzalkonium chloride, patients are advised not to wear soft contact lenses during treatment with OPTICROM.

PRECAUTIONS: General: Patients may experience a transient stinging or burning sensation following application of OPTICROM.

The recommended frequency of administration should not be exceeded. The dose for adults and children is 1-2 drops in each eye 4-6 times a day at regular intervals.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long term studies in mice (12 months intraperitoneal treatment followed by six months observation), hamsters (12 months intraperitoneal treatment followed by 12 months observation), and rats (18 months subcutaneous treatment) showed no neoplastic effect of cromolyn sodium.

No evidence of chromosomal damage or cytotoxicity was obtained in various mutagenesis studies.

No evidence of impaired fertility was shown in laboratory animal reproduction studies.

Pregnancy: Pregnancy Category B. Reproduction studies with cromolyn sodium administered parenterally to pregnant mice, rats and rabbits in doses up to 338 times the human clinical doses produced no evidence of fetal malformations. Adverse fetal effects (increased resorption and decreased fetal weight) were noted only at the very high parenteral doses that produced maternal toxicity. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when OPTICROM is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 4 years have not been established.

ADVERSE REACTIONS: The most frequently reported adverse reaction attributed to the use of OPTICROM, on the basis of reoccurrence following readministration, is transient ocular stinging or burning upon instillation.

The following adverse reactions have been reported as infrequent events. It is unclear whether they are attributable to the drug: conjunctival injection, watery eyes, itchy eyes, dryness around the eye, puffy eyes, eye irritation, styes.

CAUTION: Federal law prohibits dispensing without prescription.

REFERENCE: 1. Allansmith MR, Abelson MB. Ocular Allergies. In: *The Cornea*, ed. by G. Smolin, RA Thoft, Little, Brown and Co., Boston/Toronto, 1983: 231-43.
See package insert for full prescribing information.

OPTICROM* is a registered trademark of Fisons plc.
Made in England FC7201 Revised 07/84 FIS-026

FISONS
FISONS CORPORATION
BEDFORD, MA 01730

Whoever said it's lonely at the top



obviously isn't practicing with FHP.

When you're the best in your field, it may be hard to find other physicians of your caliber. But at FHP, you'll join an impressive roster of Board-certified specialists carefully selected for their exceptional skills and talents. And you'll enjoy the financial rewards you deserve for being the best.

Choose from our medical centers in Southern California, Arizona, Utah, New Mexico and Guam and enjoy predictable work hours and generous leisure time. If you're tired of being lonely at the top, put yourself in good company... at FHP. Call us today at (800) 446-2255, (800) 336-2255 in CA.

Please send me more information about career opportunities with FHP.

Name

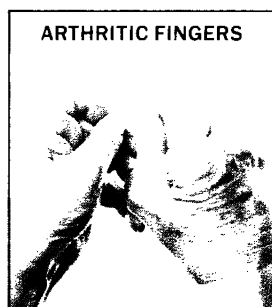
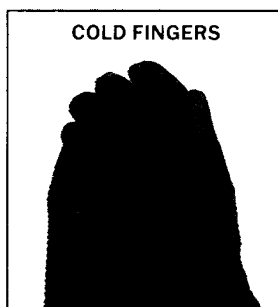
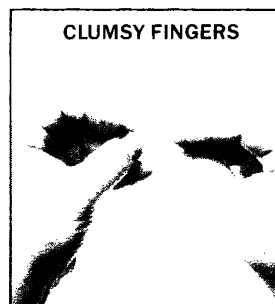
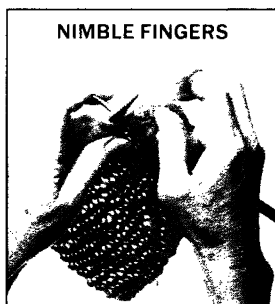
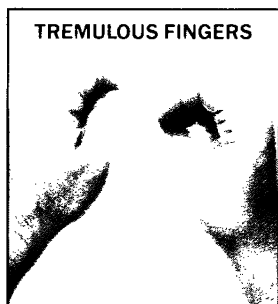
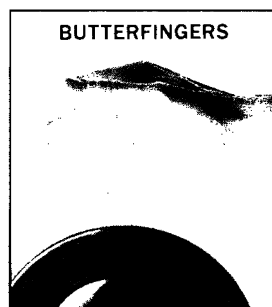
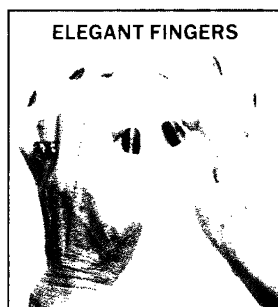
Address

Phone ()

Specialty

FHP
*meeting your personal
and professional needs*

Professional Staffing
9900 Talbert Avenue
Department 45
Fountain Valley, CA 92708
An equal opportunity employer



The anyfingers patch.

All nitroglycerin patches work.

But Nitro-Dur II is the one nitroglycerin patch that works so readily, any fingers can easily open and apply it...even stiff fingers, clumsy fingers, arthritic fingers guided by presbyopic eyes.

Test it yourself. To see how easy handling Nitro-Dur II can be, open one and handle it yourself. Compare it with other patches.

Compare its thinness, its comfort, its appearance. Nitro-Dur II clings bulklessly and bulgelessly to the skin, so thin that pores and texture show through...so discreet about its presence that it's nearly invisible. Handle one and see. Handling is believing!

Nitro-Dur® II
(nitroglycerin)
Transdermal Infusion System

**Easy to
open...
apply...
remove.**

5 mg patch,
actual size.

Team Support...Every Day And When You Need Us Most

Experienced Claims Handling

Aggressive, timely disposition of claims, expert legal counsel

Practical Risk Management

Risk Reduction Workshops, specific guidelines and recommendations, and a comprehensive library of risk management materials

Selective Underwriting

Meticulous, individually applied standards and a simplified process for converting coverage from another carrier

Responsive, Personalized Service

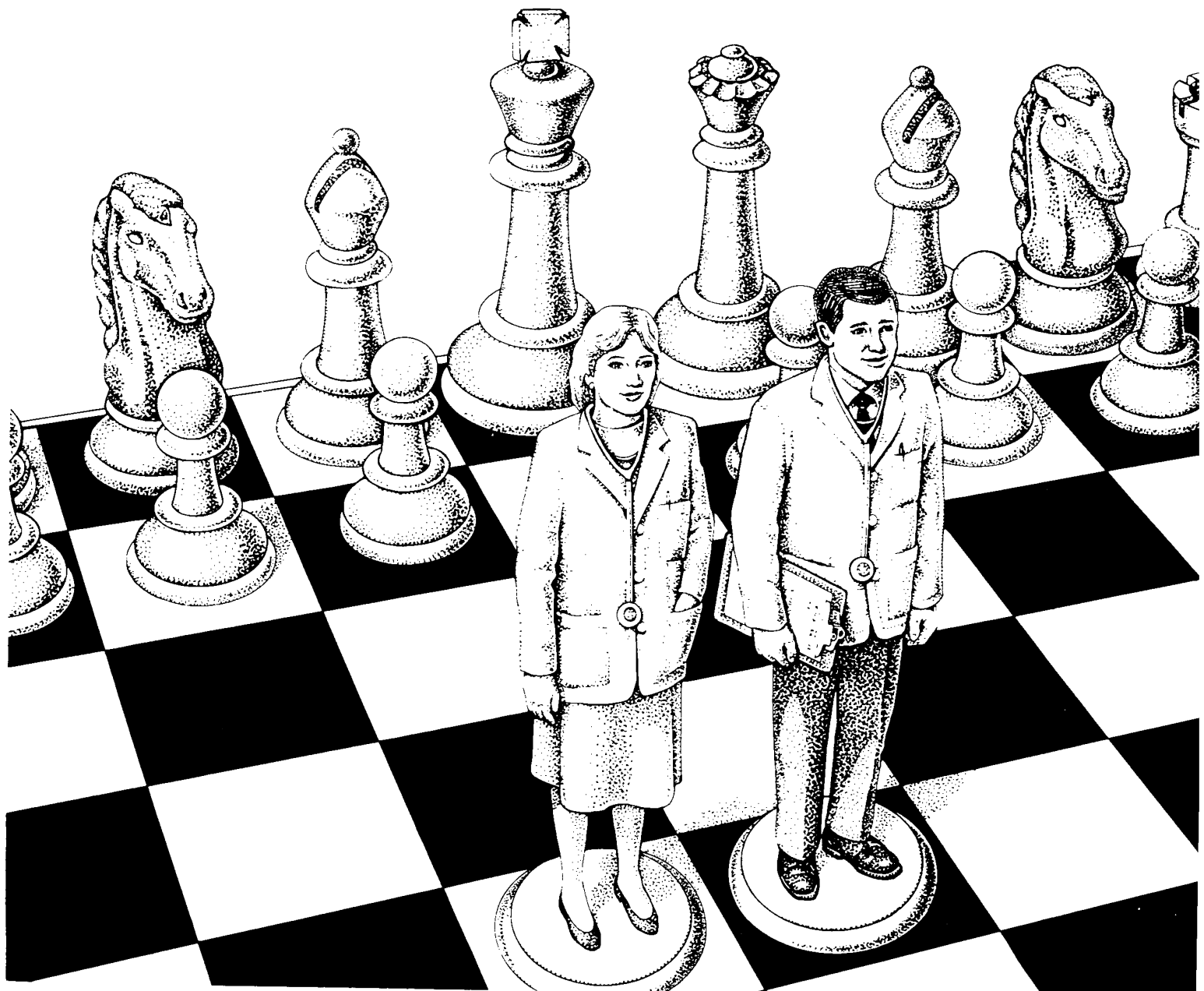
Expert policyholder services, highly qualified marketing representatives and a 24-hour toll-free "claims hot line"

THE DOCTORS' COMPANY

The Professionals
in Professional Liability Insurance



401 Wilshire Boulevard, Santa Monica,
California 90401 (213) 451-3011
(800) 352-7271 In California
(800) 421-2368 Outside California



ARE YOU A NATURAL FOR AMWA MEMBERSHIP?

YOU ARE if you are a physician, a nurse, or a pharmacist who wants to submit a readable and publishable article to a professional journal.

YOU ARE if you are a professional writer, an editor, or a graphics designer in the health care field who wants to become even more creatively productive.

YOU ARE if you are a medical communicator who wants to know and use the best contemporary verbal/visual techniques for conveying information.

YOU ARE if you want to meet, on social and professional levels, the many kinds of people described who conduct and participate in relevant, stimulating workshops and seminars in all parts of the country.

YOU ARE if you fill out, clip, and mail this coupon.



Executive Director, AMWA
5272 River Road, Suite 410
Bethesda, Maryland 20816

YES. I want to know more about AMWA

NAME _____

TITLE (or specialty) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMERICAN
MEDICAL WRITERS
ASSOCIATION

A better alternative for hypertensives who are going bananas...

DYAZIDE
SKF

Spare your patients the extra cost—
in calories, sodium and dollars.

Spare your patients the rigors of
dietary K⁺ supplementation.

25mg Hydrochlorothiazide/50mg Triamterene/SKF

**Effective antihypertensive*
therapy...without
the bananas**

DAW

'DYAZIDE' AS WRITTEN.

* Not for initial therapy. See brief summary.

Before prescribing, see complete
prescribing information in
SK&F CO. literature or PDR.
The following is a brief summary.

*** WARNING**

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K⁺ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K⁺ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or

without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The

following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth, anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

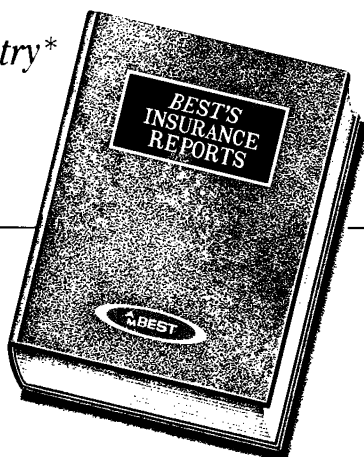
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ-L45

a product of
SK&F CO.
Citra, P.R. 00639

© SK&F Co., 1987

*A+ Rating from
A.M. Best Company,
the Bible of the
insurance industry**



** SCPIE is one of only five physician-owned companies in the nation to have the Best's A+ rating. We are the largest of them all.*

Check our vital signs.

More physicians in California depend upon SCPIE than any other company for their professional liability insurance.

There are many reasons why SCPIE is the leader. Check them out:

Rates: This is your bottom line. SCPIE rates are highly competitive. "Profits" are returned to the policyholders through Experience Credits.

Stability: SCPIE has a history of stable rates and financial strength. SCPIE has adequate reserves to pay anticipated claims, plus surplus to cover unexpected losses. SCPIE is reinsured with Lloyds of London.

Non-assessability: You cannot be assessed if claims experience turns sour. SCPIE is a top-flight *insurance* company, not a cooperative which requires you to assume unlimited liability for others' losses.

Claims Handling: A claim is a traumatic experience. You get highly qualified legal counsel, experienced in professional liability claims. Three out of four claims are closed without payment. Our record of defense verdicts is over 85%.

Underwriting: Physicians review all applications requesting nose coverage and/or with claims history. SCPIE also maintains an on-going underwriting process to be sure members meet quality standards.

Local physician control: SCPIE is owned by its physician policyholders, who elect physicians to run it. They make sure that overhead is low and performance is high.

scpie

Southern California
Physicians Insurance
Exchange

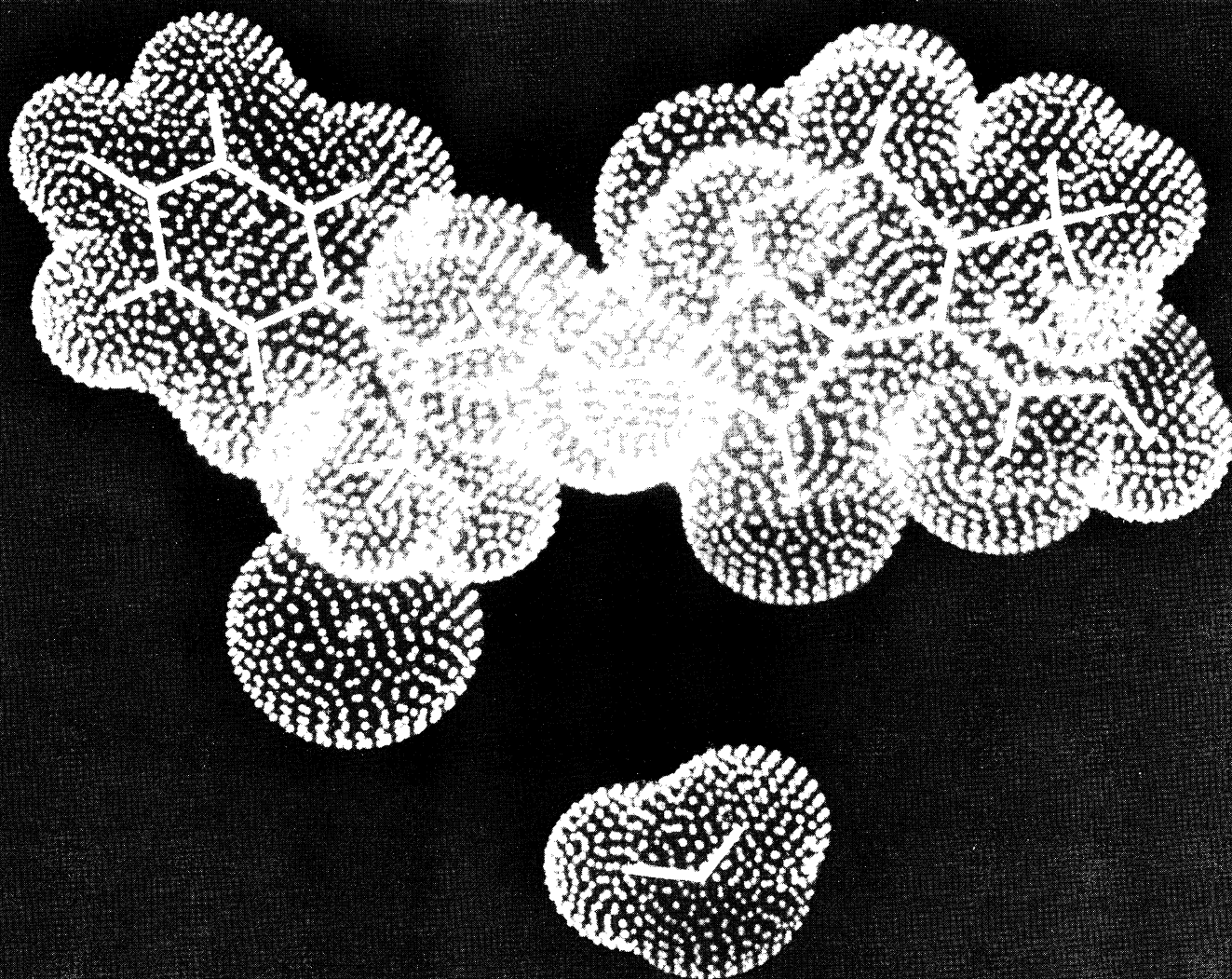
2029 Century Park East
Suite 2300
Los Angeles, CA 90067
(213) 552-8900



Sponsored by SOCAP: The medical associations and societies of Kern County, Los Angeles County, Orange County, San Bernardino County, San Luis Obispo County, Santa Barbara County and Ventura County.

ANNOUNCING
NEW

cephalexin hydrochloride monohydrate



Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd by Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

© 1987, DISTA PRODUCTS COMPANY 13C-8008-B-849335

Computer-generated molecular
structure of cephalexin
hydrochloride monohydrate

Convenient 500-mg b.i.d. dosage and demonstrated effectiveness for treatment of:

- skin and skin structure infections*
- uncomplicated cystitis†
- pharyngitis‡

- New hydrochloride salt form of cephalixin—requires no conversion in the stomach before absorption
- Well-tolerated therapy
- May be taken without regard to meals



For other indicated infections, 250-mg tablets available for q.i.d. dosage

Priced less than Keflex® (cephalexin)

Keftab is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-sensitive patients.

Penicillin is the drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

*Due to susceptible strains of *Staphylococcus aureus* and/or β -hemolytic streptococci.

†Due to susceptible strains of *Escherichia coli*, *Proteus mirabilis*, and *Klebsiella* sp.

‡Due to susceptible strains of group A β -hemolytic streptococci.

KEFTAB™

(cephalexin hydrochloride monohydrate)

Summary: Consult the package literature for prescribing information.

Indications and Usage:

Respiratory tract infections caused by susceptible strains of *Streptococcus pneumoniae* and group A β -hemolytic streptococci.

Skin and skin structure infections caused by susceptible strains of *Staphylococcus aureus* and/or β -hemolytic streptococci.

Bone infections caused by susceptible strains of *S aureus* and/or *Proteus mirabilis*.

Genitourinary tract infections, including acute prostatitis, caused by susceptible strains of *Escherichia coli*, *P mirabilis*, and *Klebsiella* sp.

Contraindication: Known allergy to cephalosporins.

Warnings: KEFTAB SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Keftab in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Keftab should be administered cautiously in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy and lactation. Cephalixin is excreted in mother's milk. Exercise caution in prescribing Keftab for these patients.
- Safety and effectiveness in children have not been established.

Adverse Reactions:

- *Gastrointestinal*, including diarrhea and, rarely, nausea and vomiting. Transient hepatitis and cholestatic jaundice have been reported rarely.
- *Hypersensitivity* in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson syndrome, or toxic epidermal necrolysis.
- *Anaphylaxis* has been reported.
- *Other reactions* have included genital/anal pruritus, genital moniliasis, vaginitis/vaginal discharge, dizziness, fatigue, headache, eosinophilia, neutropenia, and thrombocytopenia; reversible interstitial nephritis has been reported rarely.
- Cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment.
- *Abnormalities in laboratory test results* included slight elevations in aspartate aminotransferase (AST, SGOT) and alanine aminotransferase (ALT, SGPT). False-positive reactions for glucose in the urine may occur with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

MEDICAL MANAGER®

Medical Practice Management Software

"How much do I like Medical Manager? Is love too strong?"

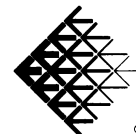
- **Over 3,500** single-user and multi-user installations supporting over **10,000** physicians in individual and group practices nationwide.
- **Supports popular hardware and multi-user operating environments** including PC DOS™, Concurrent DOS™, networks, Xenix®, and Unix®.
- **Accounts Receivable** — Ages accounts by patient, insurance company, physician, and practice. Maintains full open item detail with clear audit trails.
- **Insurance Billing** — Custom Forms Generator creates all types of patient communications including encounter forms, superbills, statements, insurance claims, and recall notices.
- **Electronic Media Claims Module** — Submits and tracks "paperless" claims via modem, diskette, or tape to multiple claim centers nationwide.
- **Office Management** — Tracks clinical, diagnosis, and procedure history, recalls, hospital rounds, referring doctor information, and appointments.
- **Custom Report Generator** — Permits easy creation of simple and complex custom reports from the Medical Manager files and integration of reports into custom menus.



For more information and a thorough demonstration of the **Medical Manager**, contact Systems Plus for the name of your local representative.

Systems Plus, Inc.®

500 Clyde Avenue
Mountain View, CA 94043
(415)969-7047
(800)222-7701 or (800)222-7707 (inside California)



The Medical Manager is a registered trademark of Personalized Programming, Inc. Systems Plus, Inc. and its logo are registered trademarks of Systems Plus, Inc. PC DOS is a registered trademark of IBM. Concurrent PC DOS is a trademark of Digital Research. Unix is a registered trademark of AT&T. Xenix is a trademark of Microsoft Corporation.

This Publication is available in Microform.



University Microfilms International

Please send additional information

for _____
(name of publication)

Name _____

Institution _____

Street _____

City _____

State _____ Zip _____

300 North Zeeb Road
Dept. P.R.
Ann Arbor, Mi. 48106

Classified Advertisements

The rate for each insertion is **\$6 per line** (average six words per line) with **five line (\$30) minimum**. Box number charge: \$5 each month.

Classified display rates \$50 per inch.

Copy for classified advertisements should be received not later than **25th of the second month preceding issue**. All copy must be typed or printed. • Classified advertisers using Box Numbers forbid the disclosure of their identity; your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the decisions of the Advertising Committee.

Please Type or Print Advertising Copy

Classified Advertisements Are Payable in Advance

CLASSIFIED ADVERTISEMENTS
THE WESTERN JOURNAL OF MEDICINE
P.O. BOX 7602, SAN FRANCISCO, CA 94120-7602

PHYSICIANS WANTED

INTERNAL MEDICINE—CENTRAL UTAH. Seeking General Internist and/or Internist with subspecialty in Endocrinology or Infectious Disease to join established Internal Medicine clinic. 350-bed hospital across the street. First year salary with possible partnership after first year. Inquire: Dorothy Farnworth, Central Utah Medical Clinic, 1055 North 500 West, Provo, UT 84601.

WE HAVE FULL- AND PART-TIME LOCUM TENENS opportunities available with guaranteed incomes and paid malpractice. For more information, contact John Smith, Locum Tenens, Inc (A Division of Jackson and Coker), 400 Perimeter Center Terrace, Ste 760 WJM, Atlanta, GA 30346; Tel. 1 (800) 544-1987.

ARIZONA-BASED PHYSICIAN recruiting firm has opportunities coast-to-coast. "Quality Physicians for Quality Clients since 1972." Call (602) 990-8080; or send CV to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

SOUTH CENTRAL WYOMING. Immediate practice opportunity for BC/BE Urologist. Well-equipped JCAH hospital for a service area of approximately 20,000 population. No state or city income tax. Relocation incentives. Superior hunting, fishing, camping, snowmobiling. Three hours to Colorado ski area, five hours to Jackson Hole. One and one-half hours to the mountains. If interested, please send CV and references to D. Abels, DO, Chairman, Recruiting Committee or Richard Mills, Executive Director, Memorial Hospital of Carbon County, Rawlins, WY 82301; (307) 324-2221.

NEUROLOGIST. Visalia Medical Clinic, Inc, a 37 physician multispecialty group, is searching for a Neurologist to enter an active practice. Located in the San Joaquin Valley in California and serving a market area of approximately 350,000. Excellent hospital services and facilities. BC/BE. Compensation is incentive oriented with rapid advancement to full partnership. Excellent fringe benefits. Please respond to John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

BEAUTIFUL COLORADO—Family Practice, Internal Medicine, and Occupational Physicians. Send CV to D. A. Franklin, MD, Medical Director, HealthWatch Medical Centers, 3400 Industrial Lane, Ste A, Broomfield, CO 80020.

PHYSICIANS WANTED

CALIFORNIA

Primary care physicians needed to work as *locum tenens* throughout California. High salary, paid malpractice. Work whenever you like. Permanent placements as well. Contact: Carol Sweig, Director, northern California, (415) 673-7676; Valerie Oblath, Director, southern California, (800) 437-7676.

Western Physicians Registry
710 Van Ness Ave
San Francisco, CA 94102

DERMATOLOGIST. Visalia Medical Clinic has an opening for a BC/BE Dermatologist now staffed by one physician who has been with the Clinic for 15 years. Located in the San Joaquin Valley in central California and population approximately 350,000. Progressive city of 62,000, near national parks and the ocean. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. If interested, CV to John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

NEUROSURGERY. Visalia Medical Clinic has an opening for a BC/BE Neurological Surgeon to enter an immediate and active practice. Located in the San Joaquin Valley of California, serving a market area of approximately 350,000 citizens. Two Neurosurgeons presently serving this area. Excellent hospital services and facilities. Must be BC/BE. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

OB/GYN. Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, Administrator, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

FAMILY PRACTICE in four season playground. Live, work, and play in beautiful north Idaho. Excellent professional opportunity. Private practice affiliated with JCAH accredited hospital. For details call Nancy collect at (208) 784-1221, ext 304. Shoshone Medical Center, Jacobs Gulch, Kellogg, ID 83837.

PHYSICIANS WANTED

CHAIRMAN, DEPARTMENT OF INTERNAL MEDICINE, KERN MEDICAL CENTER. A county operated teaching hospital is seeking a chairman for this UCLA affiliated department. The department has nine full-time and part-time members, 18 residency positions all currently filled with quality graduates. Qualifications: BC in Internal Medicine, established record of scholarly achievement in teaching and patient care, demonstrated management skills to direct a fully accredited residency program in an active public hospital and relate to other programs at Kern Medical Center and the UCLA system. Candidate must be eligible for appointment to senior faculty position at UCLA and be licensed in the State of California. (The County of Kern is an Equal Opportunity Employer.) Address inquiries with CV to Paul Toot, MD, Chairman, Internal Medicine Search Committee, Kern Medical Center, 1830 Flower St, Bakersfield, CA 93305.

CALIFORNIA. Emergency Medicine Faculty Positions. Immediate opportunities available for career-oriented Emergency Physicians who possess excellent clinical and teaching skills to join the faculty of Emergency Medicine department. BC in Family Practice, Internal Medicine, Surgery, and/or BE in Emergency Medicine. Our facility, located in southern California, averages 38,000 Emergency department visits per year, is a level II trauma center, regional burn center and neonatology intensive care center. These positions require a teaching commitment in a university-affiliated Family Practice training program. We offer a competitive remuneration package to include salary, malpractice insurance, time off, and flexible scheduling. Send CV to Empire Medical Group, PO Box 3571, San Bernardino, CA 92413.

INTERNIIST NEEDED FULL-TIME. Primary Care position for Board certified Internist is now available with a growing San Francisco Health Plan. The position includes both inpatient and outpatient responsibilities. Send CV to Medical Director, French Health Plan, 4131 Geary Blvd, San Francisco, CA 94118.

BROOKINGS, OREGON. Evening and weekend clinic. Family practice or emergency experience preferred. \$35 per hour. Send CV to Art B. Wong, MD, FACEP, Emergency Physicians' Medical Group, 1 Maritime Plaza, Ste 710, San Francisco, CA 94111.

THE IRVINE MEDICAL CENTER AND THE UNIVERSITY OF CALIFORNIA-IRVINE, DEPARTMENT OF RADIOLOGICAL SCIENCES are seeking a full-time faculty member for the Department of Radiological Sciences at the Clinical Associate Professor or Clinical Professor level who would be assigned as Director of the Department of Radiology at Irvine Medical Center. The Irvine Medical Center is a new 177-bed hospital currently under construction in Irvine, California. Hospital opening is scheduled for fall of 1988. Administrative experience and academic background, including teaching and/or research, is required. Please send CV and the names of five references to Richard M. Friedenberg, MD, Professor and Chairman, Department of Radiological Sciences, University of California, Irvine, 101 City Drive South, Orange, CA 92668. The University of California is an Affirmative Action and an Equal Opportunity Employer.

FAMILY PRACTITIONER. Visalia Medical Clinic has an opening for a BC/BE Family Practitioner to join a four physician department. Located in the San Joaquin Valley of California, serving a market area of approximately 350,000 citizens, the Visalia Medical Clinic is a 40 physician multispecialty clinic. Excellent hospital services and facilities. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

(Continued on Page 250)

AIM HIGH

A PRESCRIPTION FOR PHYSICIANS

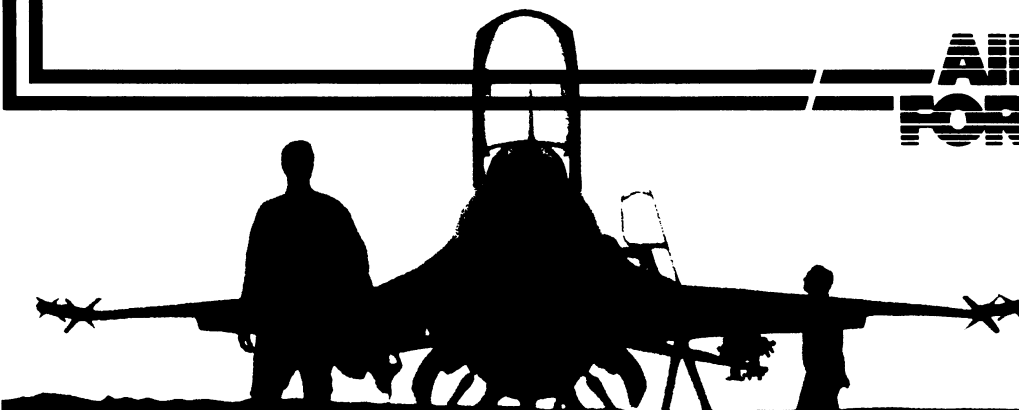
BOTHERED BY:

- ★ Too much paperwork?
- ★ The burden of office overhead?
- ★ Malpractice insurance costs?
- ★ Not enough time for the family?
- ★ No time to keep current with technology and new methods?
- ★ No time or money for professional development?

JOIN THE AIR FORCE MEDICAL TEAM; WE'LL PROVIDE THE FOLLOWING:

- ★ Competent and dedicated professional staff.
- ★ Time for patients and for keeping professionally current.
- ★ Financial security, a generous retirement for those who qualify.
- ★ If qualified, unlimited professional development.
- ★ Medical facilities all around the world.
- ★ 30 days of vacation with pay each year.
- ★ Complete medical and dental care.
- ★ Low cost life insurance.

Want to find out more? Contact your nearest Air Force recruiter for information at no obligation. Call **1-800-423-USAF**
Toll Free

**AIR
FORCE** 

(Continued from Page 248)

PHYSICIANS WANTED

DO YOU WANT TO PRACTICE GOOD PSYCHIATRY IN A LOVELY SETTING WITHOUT ALL THE HASSLES?

Come join a winning team!!!!

We are looking for clinically experienced and well-trained Psychiatrists to provide inpatient and aftercare services in a state financed hospital setting where the average stay is 30 days, where there are 50 new admissions a month, and where the usual census is 180 psychiatric patients.

We offer:

1. Excellent salary (up to \$90,000 with appropriate credentials and experience).
2. Interesting opportunity to practice state-of-the-art psychiatry with extensive professional and support staff to assist and strong medical orientation and leadership.
3. Superb fringe benefits including free Blue Cross-Blue Shield health insurance, free life insurance, retirement with State contribution of 150%, deferred compensation program, liberal vacation/holiday/sick/educational leave, and a comfortable 40 hour/week schedule. Malpractice coverage provided by the State. Also residence on campus available at nominal cost.
4. Totally monitored clinical treatment program including Treatment Progress Scales (TPS), Prescribed Attitude Therapy (PAT), lab monitors, ongoing treatment outcome evaluation with 1-year follow-up.
5. Participation in teaching programs at medical school, at Regional Center, and local college for Pharm D students, student nurses, psychologists, residents in psychiatry, externs, psychiatric and dental techs and social workers.
6. Two-college town in lovely mid-Nebraska setting. Housing and cost of living considerably below the national average.

Write or call to:

Werner M. Mendel, MD, Clinical Director and Clinical Professor
Hastings Regional Center, Hastings, NE 68901
Telephone: (402) 463-2471

Come see for yourself, visit us at our expense.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PHYSICIANS WANTED

CALIFORNIA, SAN FRANCISCO BAY AREA.

Full-time career Emergency Physician wanted for high volume Emergency department. Emergency Medicine BC/BE mandatory to participate in a group of twenty full-time staff physicians seeing over 300 patients per day. Salaried position, excellent benefits include three weeks paid vacation, one week CME, paid malpractice, health and life insurance, corporate shareholdership in three years. Send CV or contact David Gallagher, MD, 27400 Hesperian Blvd, Hayward, CA 94545.

INTERNIST. To join two Primary Care Internists in private practice in beautiful far-northern California one hour below major center. Midway between Portland and San Francisco, we have a rural setting with sophisticated practice and excellent hospital facilities. Subspecialty interest desirable within primary care framework. Salary and benefits with partnership an early goal. CV and your interests to R. H. Alley, Jr, MD, 105 Oberlin Rd, Yreka, CA 96097.

ONCOLOGIST/INTERNIST. BC/BE to join 21 physician primary care and multispecialty group practice in beautiful Pacific Northwest setting. Reply to Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

ESTABLISHED BC FAMILY PRACTITIONER in south central Washington seeks BE/BC associate with OB interest. Practice in rural, family-oriented community serving area of 45,000. Income guarantee and assistance with relocation. Ski at White Pass. Fishing and other water sports on nearby Rimrock Lake and Columbia River. Contact PROSEARCH, 305 NE 102nd Ave, Portland, OR 97220; (503) 256-2070, ext 202.

BE/BC FAMILY PRACTICE physician wanted to join young successful BC Family Practitioner to start new group in northeastern Colorado community. Includes OB. Service area of 25,000. Generous first year income guarantee and assistance with relocation. Only one and one-half hours from Denver. Contact PROSEARCH, 305 NE 102nd Ave, Portland, OR 97220; (503) 256-2070, ext 202.

PEDIATRICIAN. Visalia Medical Clinic has an opening for a BC/BE Pediatrician to join a five physician department. Located in the San Joaquin Valley of California, serving a market area of approximately 350,000 citizens, the Visalia Medical Clinic is a 40 physician multispecialty clinic. Excellent hospital services and facilities. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. Contact Dr. James Simpson, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

PHYSICIANS WANTED

PACIFIC NORTHWEST, NEAR EUGENE, OREGON.

BE/BC Internist wanted to join Family Practice group. Share call with Internists. Minimum salary guarantee. Good schools/outdoor recreation; University of Oregon/cultural events within 30 minutes. Contact John Hoopes, Cottage Grove Hospital, 1340 Birch St, Cottage Grove, OR 97424; (503) 942-0511.

NEAR STANFORD. Six Internists, all subspecialty trained and members of clinical faculty at Stanford, interested in an Associate with subspecialty interest and training. Should be well grounded in Internal Medicine. Send CV to Dr Bigler, El Camino Internal Medical Group, 125 South Dr, Mountain View, CA 94040.

IDAHO. Family Practitioner with interest in OB wanted to join three Family Practitioners serving scenic northern Idaho community. Hospital provides complete assistance—office, salary, full benefits. BE/BC and cesarean section experience required. Enjoy outdoor recreation, rural lifestyle. Contact Jean Erickson, PROSEARCH, 305 NE 102nd Ave, Portland, OR 97220-4199; (503) 256-2070.

SOUTH CENTRAL WASHINGTON COMMUNITY seeks BE/BC Internist for solo practice. Share office space with two other physicians. First year income guarantee and other assistance. Great income potential for right candidate! Progressive 38-bed hospital has CT services. Excellent schools and recreation. Contact PROSEARCH, 305 NE 102nd Ave, Portland, OR 97220; (503) 256-4488.

CALIFORNIA CENTRAL VALLEY. Desire BC/BE Family Practitioner to join busy two man Family Practice. Easy drive to San Francisco or mountains. Growing area; city of 40,000; good schools. Guarantee plus benefits. Reply to Number 59, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

NORTHERN CALIFORNIA OB/GYN. Beautiful Marin County, California OB/GYN practice looking for BC/BE female/male OB/GYN who is interested in joining a busy and successful practice of two MDs, one midwife, and four NPs. Progressive, busy OB practice offering family centered maternity care. Pro-choice philosophy. Opportunity for university affiliation. Lovely physical facilities with potential for investment. Must be well trained, enjoy working hard, committed to women's health care and fun to work with. Compensation package with partnership available in one year. Six weeks time off each year. Send résumé to WHMA/NEB, PO Box 1773, Ross, CA 94957.

PHYSICIANS WANTED

BC/BE INTERNIST to associate with General Surgeon, OB/GYN, Pediatrician, Internist, and three FPs in well-established rural practice. Send CV to R. F. LeBlond, MD, Park Clinic, Box 1139, Livingston, MT 59047.

INTERNIST. Live in San Francisco and commute to nearby rural area for four two-night shifts per month in combined Internal Medicine/Emergency room practice. Four Internists currently working in stable group. Practice quality medicine in the country where you can make a greater impact and enjoy lots of free time wherever you like to live. 72k per year. Charles Rath, MD, 199 E. Webster St, Colusa, CA 95932; (916) 458-7739.

INTERNIST: SAN FRANCISCO. BC/BE Internist wanted to join primary care group in San Francisco. We are currently three doctors sharing call, wish a fourth to expand call schedule and purchase a well-established practice in our area from retiring Internist (former president of ASIM). Send résumé to John Pierce, MD, 3620 Army St, San Francisco, CA 94110, or call (415) 826-7577.

GENERAL INTERNIST needed for large hospital-based multispecialty clinic. University associated residency program. Attractive salary and complete benefit package. Pleasant setting. BC/BE. California license required. Contact Dennis L. Ostrem, MD, Chief Internal Medicine, The Permanente Medical Group, Inc, PO Box 254999, Sacramento, CA 95865-4999 or call (916) 973-5781. An Equal Opportunity Employer.

FAMILY PRACTICE PHYSICIANS. Immediate positions available for BE/BC Family Practice Physicians to join a growth-oriented southern California group with an expanding PCCM program. Day-time office practice only; no nights, weekends or Obstetrics. Full-time permanent positions with guaranteed incomes and paid malpractice. Send CV to Medical Director, PO Box 16027, Long Beach, CA 90806; or call (213) 590-9696.

NORTHERN SAN FRANCISCO BAY AREA: Seeking Physician BC/BE in Internal Medicine for Internist position in growing department. Kaiser Permanente Medical Center, 1550 Gateway Blvd, Fairfield, CA 94533; (707) 427-4200.

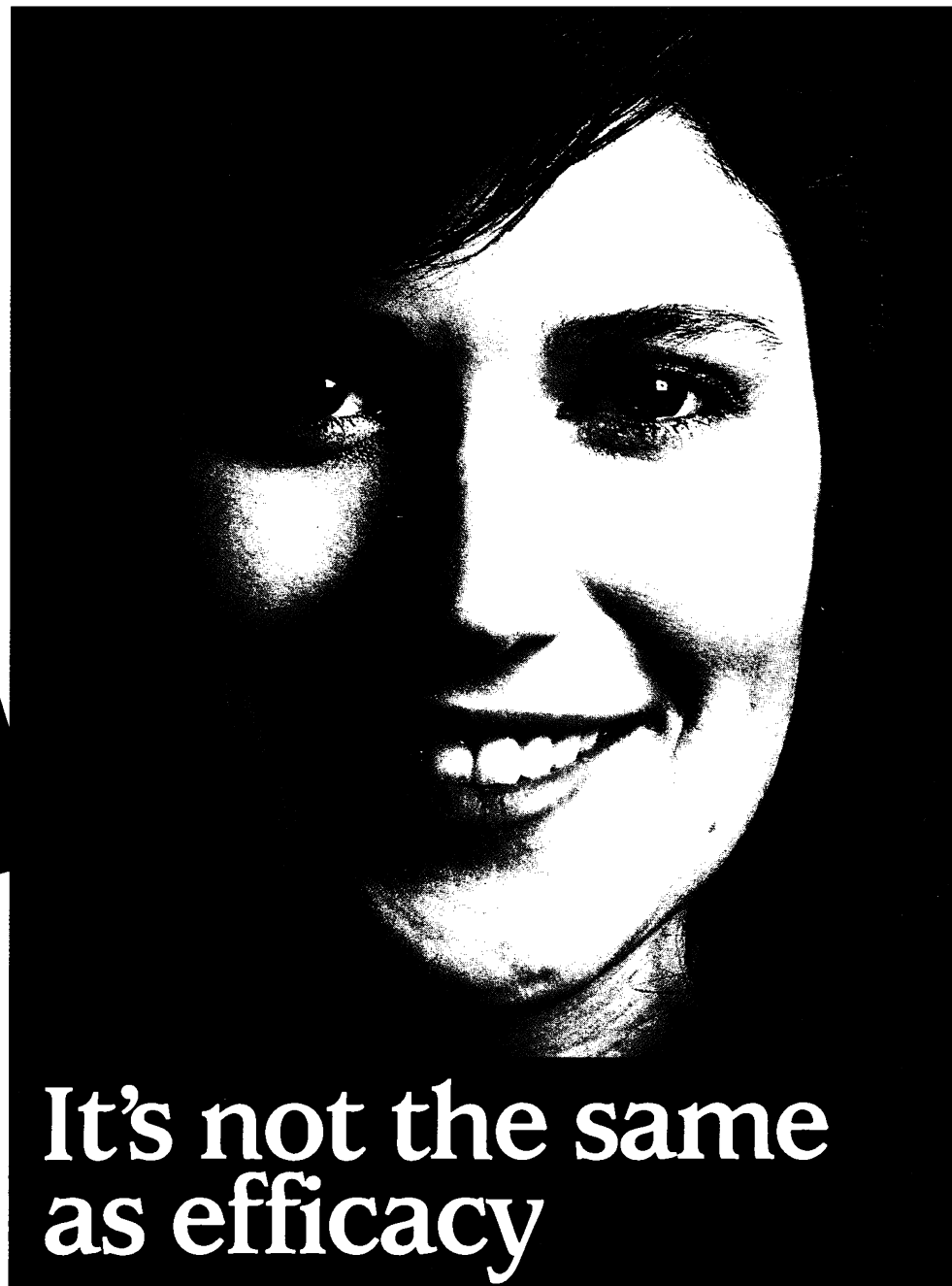
EMERGENCY GROUP seeking career oriented ACLS, ATLS physician for immediate opening. Moderate volume, income \$120,000. Great outdoor activities including fishing, boating, skiing and sailing in south central Washington. Send CV to KEP, PO Box 6192, Kennewick, WA 99336; or call (509) 627-1798.

(Continued on Page 252)

In the
treatment of
chronic
anxiety...



Sedation...



It's not the same
as efficacy

BuSpar relieves anxiety and returns your patient to normal activity with no more sedation than induced by placebo¹...and without impairing psychomotor function in most patients*² or producing a benzodiazepine withdrawal syndrome upon discontinuation³

The first choice for chronic anxiety

BuSpar[®]
Tablets 5 mg and 10 mg
(buspirone HCl)



For a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely. For Brief Summary, please see following page.

BuSpar® (buspirone HCl)

References: 1. Newton RE, et al. A review of the side effect profile of buspirone. *Am J Med* 1986; 80(3B): 17-21. 2. Moskowitz H and Smiley A. Effects of chronically administered buspirone and diazepam on driving-related skills performance. *J Clin Psychiatry* 1982; 43(12, Sec 2): 45-55. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987; 82(5A): 20-26.

Contraindications: Hypersensitivity to buspirone.

Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: General—Interference with cognitive and motor performance: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdrawal patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or non-prescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B. Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed—The more commonly observed untoward events include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%, CNS: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%, EENT: Blurred vision 2%, Gastrointestinal: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%, Musculoskeletal: Musculoskeletal aches/pains 1%, Neurological: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%, Skin: Skin rash 1%, Miscellaneous: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Pre-marketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular:* frequent, non-specific chest pain; infrequent, syncope, hypotension, hypertension; rare, cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System:* frequent, dream disturbances; infrequent, depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, disassociative reaction, hallucinations, suicidal ideation, seizures; rare, feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT:* frequent, tinnitus, sore throat, nasal congestion; infrequent, redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare, inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine:* rare, galactorrhea, thyroid abnormality. *Gastrointestinal:* infrequent, flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare, burning of the tongue. *Genitourinary:* infrequent, urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare, amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal:* infrequent, muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological:* infrequent, involuntary movements, slowed reaction time; rare, muscle weakness. *Respiratory:* infrequent, hyperventilation, shortness of breath, chest congestion; rare, epistaxis. *Sexual Function:* infrequent, decreased or increased libido; rare, delayed ejaculation, impotence. *Skin:* infrequent, edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare, acne, thinning of nails. *Clinical Laboratory:* infrequent, increases in hepatic aminotransferases (SGOT, SGPT); rare, eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous:* infrequent, weight gain, fever, roaring sensation in the head, weight loss, malaise; rare, alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Drug Abuse and Dependence: Controlled Substance Class—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

Mead Johnson PHARMACEUTICALS

Bristol-Myers U.S. Pharmaceutical and Nutritional Group • Evansville, Indiana 47721 U.S.A. MJL 7-4223

ADS GET RESULTS



CLASSIFIED
INFO
(415)
882-5178

(Continued from Page 250)

GASTROENTEROLOGIST—BC/BE to join two Gastroenterologists in busy private clinical practice located in highly desirable Los Angeles suburb. Strong clinical and endoscopic skills needed. We perform all diagnostic and therapeutic procedures including Laser and Sphincterotomy. Competitive salary and benefits with early partnership potential. Available July 1988 or sooner. Send CV to Number 80, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

UNIVERSITY OF CALIFORNIA, Irvine, Department of Medicine is seeking a full-time faculty person as General Internist for expanding academic group practice. Combined fee-for-service/capitation. Duties include 80-90% clinical practice in multispecialty faculty clinic, 10-20% teaching residents and students ambulatory care and inpatient medicine. Division of General Internal Medicine with strong commitment to teaching, practice, and research. Competitive salary and benefits. Affirmative action/equal opportunity employer. Send CV to Jeremiah Tilles, MD, UCI, Department of Medicine, Route 81, 101 City Drive South, Orange, CA 92668.

FAMILY PHYSICIANS, BC/BE, full- and part-time positions available with Obstetrics optional, to work with multispecialty group practice in the Seattle area. Attractive salary benefits. Contact Sharon Courlas, MD, (206) 326-4147. Send CV to Pacific Health Associates, 1200 12th Ave South, Seattle, WA 98144, Attn: Mary Anderson.

BC/BE INTERNIST. In northern California wine country. Join two man group in private practice of Internal Medicine. Subspecialty interest OK. Reply to Number 81, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

CRESCENT CITY, CALIFORNIA. Exciting position available at a growing 24,000-visit ER in a rural, coastal community. Fee-for-service with possibility of six figure income. Send CV to Art B. Wong, MD, FACEP, 1 Maritime Plaza, Ste 710, San Francisco, CA 94111.

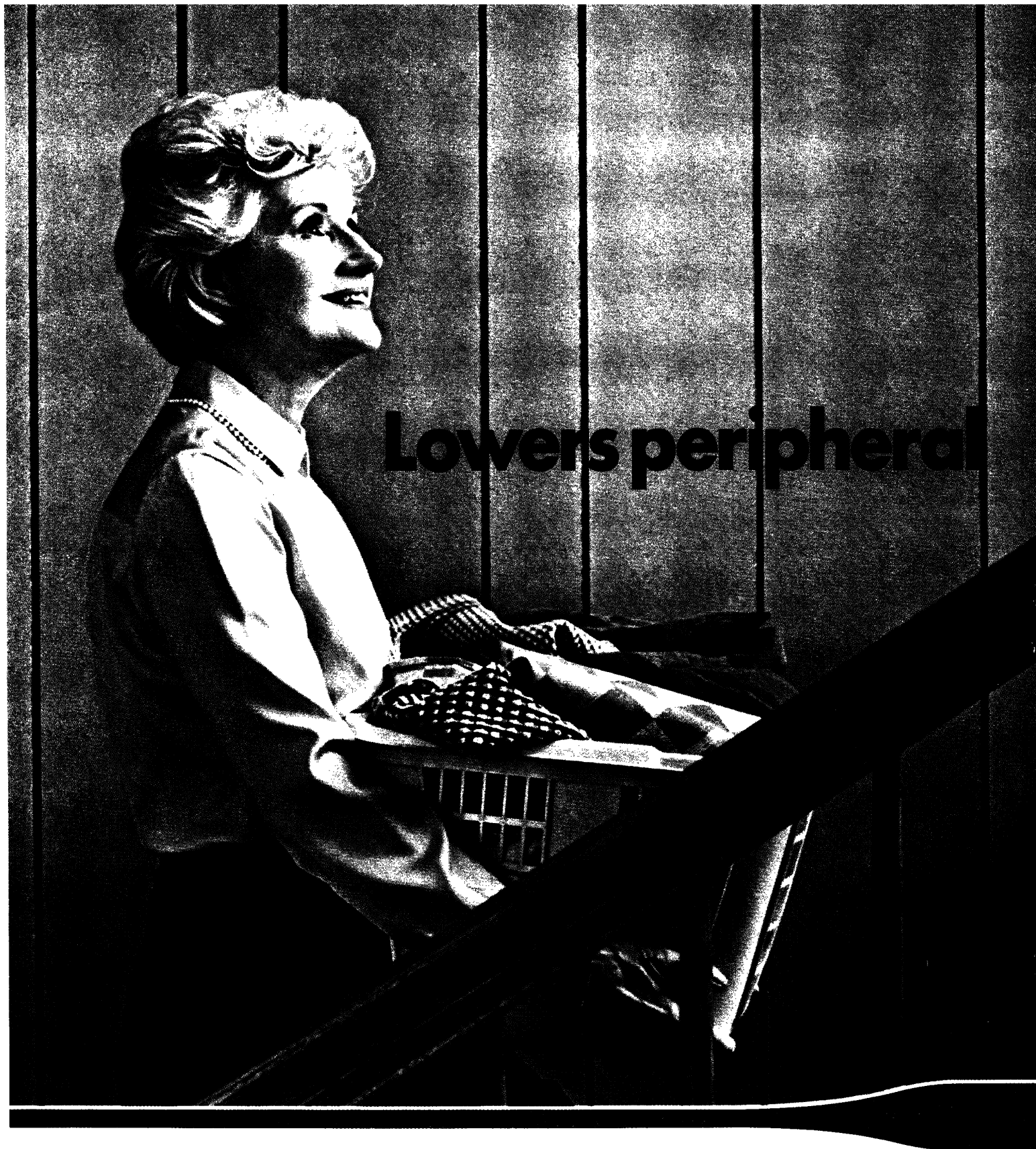
GENERAL INTERNIST, BC/BE to join group practice in smaller community near Modesto, California. Join four other Internists and two Physicians Assistants. Full range of hospital and office practice. Must be interested in Primary Care focus, but will consider sub-specialty in Cardiology or Infectious Diseases. May call (collect) or write to Suzanne Meyer, MD, 6449 3rd St, Riverbank, CA 95367; (209) 869-6633.

EMERGENCY MEDICINE. We are an established 35-physician partnership in northern California and we are seeking BE/BC Emergency Physicians to join us. All of our facilities have moderate volumes, many serve as EMS base-stations. Salary and benefits are competitive; malpractice is paid. If interested in a career in Emergency Medicine with us, please contact Sacramento Emergency Medical Group, 4325 Auburn Blvd, Ste 100, Sacramento, CA 95841; (916) 486-4414.

CARDIOLOGIST. BC/BE sought to join a large hospital-based multispecialty clinic. University affiliated residency program. Excellent fringe benefits. Competitive salary. California license required. Send CV to Aung-Win Chiong, MD, The Permanente Medical Group, Inc, PO Box 254999, Sacramento, CA 95865-4999, or call (916) 973-5748. An Equal Opportunity Employer.

OREGON. ER Physician needed for small-town hospital located in recreational paradise. Modern facility serves as seven county referral center. Quick access to world-class windsurfing, superb snow skiing, and many other outdoor activities. 90 minutes from Portland. 12-hour shifts; \$75,000 plus with excellent benefits. Contact John Jacobson, MD, 1151 May St, Hood River, OR 97031; (503) 386-1111 (collect).

(Continued on Page 257)



Glaxo

IN HYPERTENSION

resistance in the elderly¹

- ☐ Effective blood pressure control
- ☐ Low incidence of fatigue,^{2,3} impotence^{2,3} and cold extremities²⁻⁴

Contraindicated in bronchial asthma, overt cardiac failure, greater-than-first-degree heart block, cardiogenic shock, and severe bradycardia.

See next page for references and Brief Summary of Product Information, which includes a listing of reported adverse reactions.

TRANDATE[®] *b.i.d.*

labetalol HCl/Glaxo 100 mg/200 mg tablets

**Because it also
vasodilates**

References: 1. Holtzman JL, Finley D, Johnson B, et al: The effects of single-dose atenolol, labetalol, and propranolol on cardiac and vascular function. *Clin Pharmacol Ther* 1986;40:268-273. 2. Due DL, Giguere GC, Plachetka JR: Postmarketing comparison of labetalol and propranolol in hypertensive patients. *Clin Ther* 1986;8(6):624-631. 3. Burris JF, Goldstein J, Zager PG, et al: Comparative tolerability of labetalol versus propranolol, atenolol, pindolol, metoprolol, and nadolol. *J Clin Hypertens* 1986;3:1-9. 4. Erb RJ, Plachetka JR: Thermographic evaluation of the peripheral vascular effects of labetalol and propranolol. *Curr Ther Res* 1985;28(1):68-73.

TRANDATE® Tablets (labetalol hydrochloride)

BRIEF SUMMARY OF PRODUCT INFORMATION

The following is a brief summary only. Before prescribing, see complete prescribing information in TRANDATE® Tablets product labeling.

INDICATIONS AND USAGE: TRANDATE® Tablets are indicated in the management of hypertension.

TRANDATE Tablets may be used alone or in combination with other antihypertensive agents, especially thiazide and loop diuretics.

CONTRAINDICATIONS: TRANDATE® Tablets are contraindicated in bronchial asthma, overt cardiac failure, greater-than-first-degree heart block, cardiogenic shock, and severe bradycardia (see **WARNINGS**).

WARNINGS: **Cardiac Failure:** Sympathetic stimulation is a vital component supporting circulatory function in congestive heart failure. Beta-blockade carries a potential hazard of further depressing myocardial contractility and precipitating more severe failure. Although beta-blockers should be avoided in overt congestive heart failure, if necessary labetalol HCl can be used with caution in patients with a history of heart failure who are well compensated. Congestive heart failure has been observed in patients receiving labetalol HCl. Labetalol HCl does not abolish the inotropic action of digitalis on heart muscle.

In Patients Without a History of Cardiac Failure: In patients with latent cardiac insufficiency, continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of impending cardiac failure, patients should be fully digitalized and/or be given a diuretic, and the response should be observed closely. If cardiac failure continues despite adequate digitalization and diuretic, TRANDATE® therapy should be withdrawn (gradually, if possible).

Exacerbation of Ischemic Heart Disease Following Abrupt Withdrawal: Angina pectoris has not been reported upon labetalol HCl discontinuation. However, hypersensitivity to catecholamines has been observed in patients withdrawn from beta-blocker therapy; exacerbation of angina and, in some cases, myocardial infarction have occurred after abrupt discontinuation of such therapy. When discontinuing chronically administered TRANDATE, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of one to two weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, TRANDATE administration should be reinstituted promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue TRANDATE therapy abruptly even in patients treated only for hypertension.

Nonallergic Bronchospasm (eg, Chronic Bronchitis and Emphysema): Patients with bronchospastic disease should, in general, not receive beta-blockers. TRANDATE may be used with caution, however, in patients who do not respond to, or cannot tolerate, other antihypertensive agents. It is prudent, if TRANDATE is used, to use the smallest effective dose, so that inhibition of endogenous or exogenous beta-agonists is minimized.

Pheochromocytoma: Labetalol HCl has been shown to be effective in lowering blood pressure and relieving symptoms in patients with pheochromocytoma. However, paradoxical hypertensive responses have been reported in a few patients with this tumor; therefore, use caution when administering labetalol HCl to patients with pheochromocytoma.

Diabetes Mellitus and Hypoglycemia: Beta-adrenergic blockade may prevent the appearance of premonitory signs and symptoms (eg, tachycardia) of acute hypoglycemia. This is especially important with labile diabetics. Beta-blockade also reduces the release of insulin in response to hyperglycemia; it may therefore be necessary to adjust the dose of antidiabetic drugs.

Major Surgery: The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. Protracted severe hypotension and difficulty in restarting or maintaining a heartbeat have been reported with beta-blockers. The effect of labetalol HCl's alpha-adrenergic activity has not been evaluated in this setting.

A synergism between labetalol HCl and halothane anesthesia has been shown (see **Drug Interactions** under **PRECAUTIONS**).

PRECAUTIONS: **General:** **Impaired Hepatic Function:** TRANDATE® Tablets should be used with caution in patients with impaired hepatic function since metabolism of the drug may be diminished.

Jaundice or Hepatic Dysfunction: On rare occasions, labetalol HCl has been associated with jaundice (both hepatic and cholestatic). It is therefore recommended that treatment with labetalol HCl be stopped immediately should a patient develop jaundice or laboratory evidence of liver injury. Both have been shown to be reversible on stopping therapy.

Information for Patients: As with all drugs with beta-blocking activity, certain advice to patients being treated with labetalol HCl is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects. While no incidence of the abrupt withdrawal phenomenon (exacerbation of angina pectoris) has been reported with labetalol HCl, dosing with TRANDATE Tablets should not be interrupted or discontinued without a physician's advice. Patients being treated with TRANDATE Tablets should consult a physician at any sign of impending cardiac failure. Also, transient scalp tingling may occur, usually when treatment with TRANDATE Tablets is initiated (see **ADVERSE REACTIONS**).

Laboratory Tests: As with any new drug given over prolonged periods, laboratory parameters should be observed over regular intervals. In patients with concomitant illnesses, such as impaired renal function, appropriate tests should be done to monitor these conditions.

Drug Interactions: In one survey, 2.3% of patients taking labetalol HCl in combination with tricyclic antidepressants experienced tremor as compared to 0.7% reported to occur with labetalol HCl alone. The contribution of each of the treatments to this adverse reaction is unknown, but the possibility of a drug interaction cannot be excluded.

Drugs possessing beta-blocking properties can blunt the bronchodilator effect of beta-receptor agonist drugs in patients with bronchospasm; therefore, doses greater than the normal antiasthmatic dose of beta-agonist bronchodilator drugs may be required.

Cimetidine has been shown to increase the bioavailability of labetalol HCl. Since this could be explained either by enhanced absorption or by an alteration of hepatic metabolism of labetalol HCl, special care should be used in establishing the dose required for blood pressure control in such patients.

Synergism has been shown between halothane anesthesia and intravenously administered labetalol HCl. During controlled hypotensive anesthesia using labetalol HCl in association with halothane, high concentrations (3% or above) of halothane should not be used because the degree of hypotension will be increased and because of the possibility of a large reduction in cardiac output and an increase in central venous pressure. The anesthesiologist should be informed when a patient is receiving labetalol HCl.

Labetalol HCl blunts the reflex tachycardia produced by nitroglycerin without preventing its hypotensive effect. If labetalol HCl is used with nitroglycerin in patients with angina pectoris, additional antihypertensive effects may occur.

Drug/Laboratory Test Interactions: The presence of a metabolite of labetalol in the urine may result in falsely increased levels of urinary catecholamines when measured by a nonspecific trihydroxyindole (THI) reaction. In screening patients suspected of having a pheochromocytoma and being treated with labetalol HCl, specific radioenzymatic or high performance liquid chromatography assay techniques should be used to determine levels of catecholamines or their metabolites.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term oral dosing studies with labetalol HCl for 18 months in mice and for two years in rats showed no evidence of carcinogenesis. Studies with labetalol HCl using dominant lethal assays in rats and mice and exposing microorganisms according to modified Ames tests showed no evidence of mutagenesis.

Pregnancy: **Teratogenic Effects:** **Pregnancy Category C:** Teratogenic studies have been performed with

TRANDATE® Tablets (labetalol hydrochloride)

labetalol in rats and rabbits at oral doses up to approximately six and four times the maximum recommended human dose (MRHD), respectively. No reproducible evidence of fetal malformations was observed. Increased fetal resorptions were seen in both species at doses approximating the MRHD. There are no adequate and well-controlled studies in pregnant women. Labetalol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: Infants of mothers who were treated with labetalol HCl during pregnancy did not appear to be adversely affected by the drug. Oral administration of labetalol to rats during late gestation through weaning at doses of two to four times the MRHD caused a decrease in neonatal survival.

Labor and Delivery: Labetalol HCl given to pregnant women with hypertension did not appear to affect the usual course of labor and delivery.

Nursing Mothers: Small amounts of labetalol (approximately 0.004% of the maternal dose) are excreted in human milk. Caution should be exercised when TRANDATE Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Most adverse effects are mild, transient, and occur early in the course of treatment. In controlled clinical trials of three to four months' duration, discontinuation of TRANDATE® Tablets due to one or more adverse effects was required in 7% of all patients. In these same trials, beta-blocker control agents led to discontinuation in 8% to 10% of patients, and a centrally acting alpha-agonist in 30% of patients.

The following adverse reactions were derived from multi-center, controlled clinical trials over treatment periods of three and four months. The rates, which ranged from less than 1% to 5% except as otherwise noted, are based on adverse reactions considered probably drug-related by the investigator. If all reports are considered, the rates are somewhat higher (eg, dizziness, 20%; nausea, 14%; fatigue, 11%).

Body as a Whole: Fatigue, asthenia, and headache.

Gastrointestinal: Nausea (6%), vomiting, dyspepsia, diarrhea, and taste distortion.

Central and Peripheral Nervous Systems: Dizziness (11%), paresthesia, and drowsiness.

Autonomic Nervous System: Nasal stuffiness, ejaculation failure, impotence, and increased sweating.

Cardiovascular: Edema and postural hypotension.

Respiratory: Dyspnea.

Skin: Rash.

Special Senses: Vision abnormality and vertigo.

The adverse effects were reported spontaneously and are representative of the incidence of adverse effects that may be observed in a properly selected hypertensive patient population, ie, a group excluding patients with bronchospastic disease, overt congestive heart failure, or other contraindications to beta-blocker therapy.

Clinical trials also included studies utilizing daily doses up to 2,400 mg in more severely hypertensive patients. The US therapeutic trials data base for adverse reactions that are clearly or possibly dose-related shows that the following side effects increased with increasing dose: dizziness, fatigue, nausea, vomiting, dyspepsia, paresthesia, nasal stuffiness, ejaculation failure, impotence, and edema.

In addition, a number of other less common adverse events have been reported in clinical trials or the literature:

Cardiovascular: Postural hypotension, including rarely, syncope.

Central and Peripheral Nervous Systems: Paresthesia, most frequently described as scalp tingling.

In most cases, it was mild, transient, and usually occurred at the beginning of treatment.

Collagen Disorders: Systemic lupus erythematosus; positive antinuclear factor (ANF).

Eyes: Dry eyes.

Immunological System: Antimitochondrial antibodies.

Liver and Biliary System: Cholestasis with or without jaundice.

Musculoskeletal System: Muscle cramps; toxic myopathy.

Respiratory System: Bronchospasm.

Skin and Appendages: Rashes of various types, such as generalized maculopapular, lichenoid, urticarial, bullous lichen planus, psoriasis, and facial erythema; Peyronie's disease; reversible alopecia.

Urinary System: Difficulty in micturition, including acute urinary bladder retention.

Following approval for marketing in the United Kingdom, a monitored release survey involving approximately 6,800 patients was conducted for further safety and efficacy evaluation of this product. Results of this survey indicate that the type, severity, and incidence of adverse effects were comparable to those cited above.

Potential Adverse Effects: In addition, other adverse effects not listed above have been reported with other beta-adrenergic blocking agents.

Central Nervous System: Reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance or neuropsychometrics.

Cardiovascular: Intensification of AV block (see **CONTRAINDICATIONS**).

Allergic: Fever combined with aching and sore throat; laryngospasm; respiratory distress.

Hematologic: Agranulocytosis; thrombocytopenic or nonthrombocytopenic purpura.

Gastrointestinal: Mesenteric artery thrombosis; ischemic colitis.

The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with labetalol HCl.

Clinical Laboratory Tests: There have been reversible increases of serum transaminases in 4% of patients treated with labetalol HCl and tested, and more rarely, reversible increases in blood urea.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: DOSAGE MUST BE INDIVIDUALIZED. The recommended initial dosage is 100 mg twice daily whether used alone or added to a diuretic regimen. After two or three days, using standing blood pressure as an indicator, dosage may be titrated in increments of 100 mg bid every two or three days. The usual maintenance dosage of labetalol HCl is between 200 and 400 mg twice daily. Before use, see complete prescribing information for dosage details.

HOW SUPPLIED: TRANDATE® Tablets, 100 mg, light orange, round, scored, film-coated tablets engraved on one side with "TRANDATE 100 GLAXO," bottles of 100 (NDC 0173-0346-43) and 500 (NDC 0173-0346-44) and unit dose packs of 100 tablets (NDC 0173-0346-47).

TRANDATE Tablets, 200 mg, white, round, scored, film-coated tablets engraved on one side with "TRANDATE 200 GLAXO," bottles of 100 (NDC 0173-0347-43) and 500 (NDC 0173-0347-44) and unit dose packs of 100 tablets (NDC 0173-0347-47).

TRANDATE Tablets, 300 mg, peach, round, scored, film-coated tablets engraved on one side with "TRANDATE 300 GLAXO," bottles of 100 (NDC 0173-0348-43) and 500 (NDC 0173-0348-44) and unit dose packs of 100 tablets (NDC 0173-0348-47).

TRANDATE Tablets should be stored between 2° and 30°C (36° and 86°F). TRANDATE Tablets in the unit dose boxes should be protected from excessive moisture.

© Copyright 1984, Glaxo Inc. All rights reserved.

September 1986

Glaxo

Glaxo Inc.
Research Triangle Park, NC 27709

©1987, Glaxo Inc. TRN263 April 1987

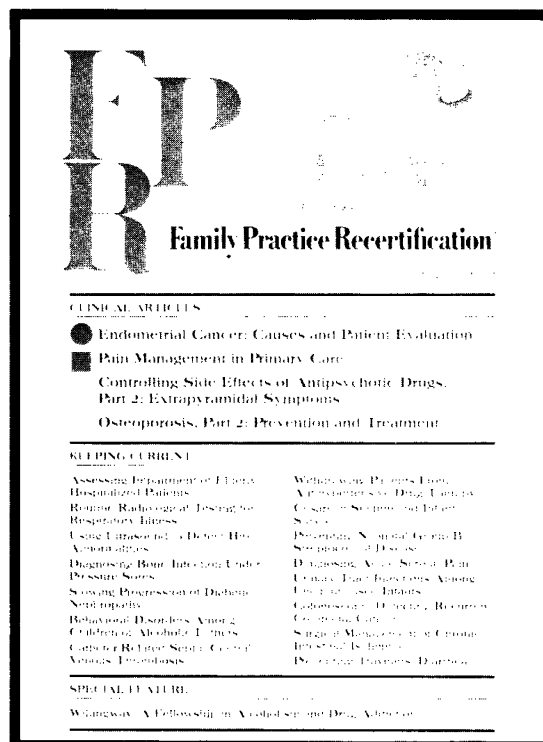
The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:

Cardiology
Diabetes
Pediatrics

Ob/Gyn
Psychiatry
Gastroenterology
- Provides 20 hours of CME Category 1 Credit

PRACTICAL • CLINICAL • EDUCATIONAL • CURRENT



(Continued from Page 252)

PHYSICIANS WANTED

FAMILY PRACTICE PHYSICIANS. Discover the magic of the southwest. Experience New Mexico! Outstanding career opportunities for BC/BE, Family Practitioners. Obstetrics preferred, malpractice paid. Contact your Physician Consultant at New Mexico Health Resources, PO Box 27650, Albuquerque, NM 87125; (505) 242-0633. No fee.

INTERNIST. Immediate opening for a BC/BE General Internist to join a 35-member multispecialty group located in San Luis Obispo on the central coast. Benefits include immediate shareholder status, retirement program, all practice costs paid, starting guaranteed salary plus strong incentive plan. Send CV to Recruitment, San Luis Medical Clinic, Ltd., 1235 Osos St, San Luis Obispo, CA 93401-3619.

OREGON. Family Practice Physician partner needed for immediate care center and private practice in recreational Oregon paradise. No start-up costs, thriving practice, and generous free time to spend skiing or hiking the mountains or on the river, enjoying some of the best windsurfing waters in the world. Located in Hood River which offers the peace and quiet of a small community, yet is only an hour away from the culture and activity of Oregon's largest metropolitan area. Contact John Jacobson, MD, Medical Director, Care Corner, 1151 May St, Hood River, OR 97031; (503) 386-1111 (collect).

CALIFORNIA, SONORA. Staff Physician position available in 11-12,000 visit ER in quaint, historic, growing gold country community with fantastic recreational opportunities, one hour from Yosemite. Excellent opportunity in an academic and democratic group. Send CV to Art B. Wong, MD, FACEP, EPMG, 1 Maritime Plaza, Ste 710, San Francisco, CA 94111.

PHYSICIANS WANTED

SOUTHERN CALIFORNIA

Enjoy professional challenge and growth with a successful and expanding HMO in southern California. CIGNA Healthplans of California is seeking Specialists and Primary Care physicians committed to concepts of prevention and health maintenance to join our facilities in Los Angeles and Orange Counties. We offer an excellent compensation and benefits package including profit sharing. For consideration, please forward CV to:

Director/Physician Recruitment
 CIGNA Healthplans of California
 505 N. Brand Blvd, Suite 400-49
 Glendale, CA 91203

REDWOOD COUNTRY-PRIMARY CARE. Small multispecialty group seeks a Primary Care Physician, BC in Family Practice or Internal Medicine for a growing practice. Arcata is a coastal community in redwood country, offering a unique combination of rural lifestyle in a university town. Competitive salary and benefits package leading to partnership. Send CV to Arcata Family Medical Group, 4555 Valley West Blvd, Arcata, CA 95521.

THREE FULL-TIME GENERAL INTERNISTS are being recruited for positions in the Division of General Medicine, Department of Internal Medicine, University of New Mexico School of Medicine. Primary responsibilities include inpatient and outpatient care and teaching. Applicants with subspecialty training will be considered. Applicants must be BC/BE. Faculty appointment based on academic credentials and experience. Please send inquiries and résumé/CV to Pat Cleve, Department of Medicine, University of New Mexico, Albuquerque, NM 87131.

INTERNIST BC/BE to join Internist/Cardiologist in central California near Fresno. Reply to Number 85, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PHYSICIANS WANTED

FAMILY PRACTICE PHYSICIAN. Immediate openings in multispecialty Community Health Center. Urban/rural sites available in Kern County, California. Very competitive salary and benefit package available. Modern facilities with comprehensive support system of lab, x-ray, pharmacy, etc. We believe we can offer a physician a supportive professional environment in which to practice while also offering an exceptional financial package. We also have the flexibility with five clinic sites available to provide a wide range of life-style and practice opportunities. For more information call Jack Hicks, Assistant Director, Clinica Sierra Vista, PO Box 457, Lamont, CA 93241; (805) 845-3731.

CARDIOLOGIST. Columbus Hospital in Great Falls, Montana, has an immediate need for a BE/BC, invasive/non-invasive Cardiologist. At the foot of the eastern slopes of the Rockies, Great Falls is best known for its accessibility to superb recreational activities—skiing, fishing, hunting, camping, hiking, back-packing, etc. With excellent school systems and a very moderate cost of living, Great Falls has an excellent overall quality of life. Opportunity offers a guaranteed income plus incentives. Please send CV to Charles Matenaer, PRM, Inc, 15975 W. National Ave, New Berlin, WI 53151, or call (414) 784-2777.

ORTHOPEDIST. The west coast's leading Occupational/Family Practice medical provider has FT/PT opportunities for Orthopedic Specialists in California and Washington (Seattle/Tacoma). Attractive package includes: guaranteed salary, incentive bonus and benefits. Current license. Contact Personnel Director, ReadCare, Inc, 446 Oakmead Parkway, Sunnyvale, CA 94086; (800) 237-3234. Join our dynamic team of professionals. Practice and live in an incomparable environment.

(Continued on Page 263)

NOW

APPROVED ON MEDI-CAL



Now reimbursable
through Medi-Cal 3085E

Knoll Pharmaceuticals
A Unit of BASF K&F Corporation
Whippany, New Jersey 07981

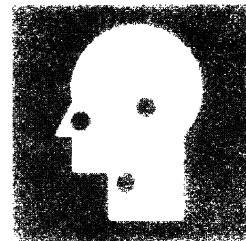
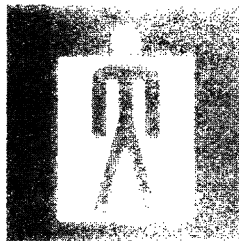
BASF Group



**California Medical Association's
117th Annual Session**

THE WESTERN SCIENTIFIC ASSEMBLY

**March 4-9, 1988
Bally's Hotel and Reno/Sparks Convention Center**



BE THERE!

The



Telfer B. Reynolds, MD/Golden Apple Award

Telfer B. Reynolds, MD, Clayton G. Loosli Professor of Medicine at the University of Southern California, has been selected by the Committee on Scientific Assemblies to receive CMA's 1988 Golden Apple Award. This award spotlights exceptional physician speakers who have made a lifelong commitment to teaching and become distinguished by their charismatic, scientific and educational talents.



California Medical Association's 1988 Western Scientific Assembly will be held March 4-6 at Reno-Sparks Convention Center. Persons attending scientific courses or special conferences are asked to register on site in the North Hall Concourse of the convention center. For more information on the following programs please contact CMA at (415) 541-0900.

FRIDAY, MARCH 4

- ☐ Basic Cardiac Life Support Workshop
- ☐ AIDS—What the Practicing Physician Should Know in 1988
- ☐ Techniques & Problems in Handling Hazardous Material Disasters
- ☐ Sleep Disorders
- ☐ Symposium on Developmental Disabilities
- ☐ Pulmonary Medicine Update
- ☐ Neurosurgery in the Aging Population
- ☐ Golden Apple Award: Telfer B. Reynolds, MD

SATURDAY, MARCH 5

- ☐ Advanced Cardiac Life Support: Certification Course
- ☐ Cardiovascular Risk-Assessment and Intervention in Primary Care
- ☐ What's Allergy, What's Not: Common Health Problems in the Workplace
- ☐ Implantable Electromagnetic Hearing Device
- ☐ Breast Cancer: Current Diagnosis and Treatment
- ☐ Low Back Pain: Office Evaluation and Management
- ☐ Hair Symposium—Answer Your Patients' Questions
- ☐ Update on Gynecologic Cancer Screening
- ☐ It's A Wilderness Out There! Medical Emergencies of the Great Outdoors
- ☐ Ophthalmology in the Year 2001
- ☐ Colorectal Carcinoma: Update 1988
- ☐ Family Crisis of the 1980's: Alcohol and Drug Abuse
- ☐ Eye Care in the Elderly
- ☐ The Impaired Doctor

Western Scientific Assembly



**Dame Sheila Sherlock,
DBE, MD, FACP
Roberta F. Fenlon Memorial**

One of the world's foremost authorities on liver disease, Dame Sheila Sherlock is the renowned author of *Diseases of the Liver and Biliary System* and numerous scientific papers on hepatic pathology, function and circulation.



**Robert S. Eliot, MD, FACC
Keynote Speaker of the
Western Scientific Assembly**

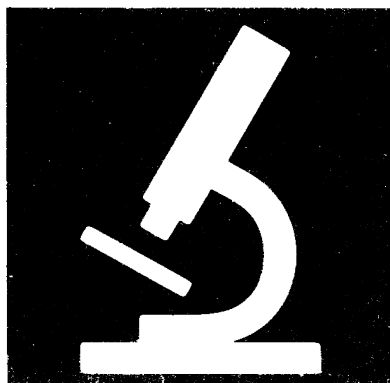
Author of the popular book on stress, *Is It Worth Dying For?*, Doctor Robert Eliot is nationally known for his research on the effects of lifestyle, behavior and stress on health, particularly heart disease.

SATURDAY, MARCH 5

- ☐ Skin Cancer: Everyone's Problem
- ☐ The Neuropsychiatrically Impaired Physician
- ☐ Marketing Roundtable 1988
- ☐ Roberta F. Fenlon Memorial Lecture:
Dame Sheila Sherlock

SUNDAY, MARCH 6

- ☐ Advanced Cardiac Life Support:
Certification/Recertification Course
- ☐ What the Non-Urologist Should Know About
Urology in '88
- ☐ Recognition of Premalignant and Precursor
Lesions of the Skin and Genitalia
- ☐ Suture Course
- ☐ Adolescent Psychological Problems
- ☐ Seminars in Orthopaedic Management
- ☐ What Every Computer Illiterate Should Know
- ☐ Consulting with the Anesthesiologist
- ☐ A Critical Look at the Washington Scene
- ☐ Public Health and Policy: AIDS in California 1988
- ☐ Physician and the Law – 1988
- ☐ Keynote Speaker: Robert S. Eliot, MD, FACC



The Western Scientific Assembly

CONCURRENT EVENTS

HOUSE OF DELEGATES

The CMA House of Delegates meets Saturday, March 5 through Wednesday, March 9 at Bally's Hotel. Sit in on reference committee hearings and House sessions to see firsthand how CMA policies are shaped. Highlights of this year's House will be the farewell address of out-going CMA President Dr. Frederick S. Armstrong, a San Jose internist, and the inaugural address of CMA's President-Elect, Dr. Laurens P. White, a San Francisco internist specializing in oncology. Registration will be available March 3-9 at Bally's Hotel in the Grand Salon.

HOSPITAL MEDICAL STAFF SECTION ANNUAL ASSEMBLY

The CMA-HMSS Annual Assembly will be Friday, March 5 at Bally's Hotel. Included will be their keynote speaker, Kenneth Nelson, MD, "The View from Here — the PRO Sanction Process."

SPECIAL EVENTS

A variety of special tours will be offered this year. Registration takes place at the Reno-Sparks Convention Center.

- ☐ Reno City Gaming Tour
- ☐ Virginia City Tour
- ☐ Lake Tahoe Cruise
- ☐ Western Hoe-Down and Harrah's Classic Auto Tour
- ☐ Pre and Post Convention Ski Packages:
Ski Lake Tahoe

EXHIBITS

The exhibit hall at Reno-Sparks Convention Center offers something for everyone: pharmaceuticals, educational displays, computer and office systems, medical testing systems, insurance, investment opportunities, health and home helps. Prizes!

GENERAL INFORMATION

LOCATION

The CMA 1988 Western Scientific Assembly will be held at the Reno-Sparks Convention Center, 4590 S. Virginia Street, Reno, Nevada, 89502. The House of Delegates will be headquartered in the Bally's Reno Hotel, 2500 E. Second Street, Reno, Nevada, 89595. Call (702) 789-2033 for hotel reservation information.

FEES

There is no charge to CMA members and their non-physician family members for general registration, nor to registered nurses, residents, interns or medical students. A general registration fee of \$150 is charged to non-member physicians.

REGISTRATION

Advance registration closes February 12, 1988. Attendees may register on site at the Reno/Sparks Convention Center or Bally's Reno Hotel. Registration will be open:

Thursday, March 3	
1-5 pm	Bally's Hotel, Grand Salon
Friday, March 4	
7:30 am-5 pm	Bally's Hotel, Grand Salon
7 am-5 pm	Convention Center
Saturday, March 5	
7 am-5 pm	Bally's Hotel, Grand Salon
7 am-5 pm	Convention Center
Sunday, March 6	
7:30 am-5 pm	Bally's Hotel, Grand Salon
7 am-5 pm	Convention Center

SHUTTLE BUS SERVICE

Shuttle service from Bally's Hotel to Reno-Sparks Convention Center (located 3 miles away) will be continuous from 6:30 am to 7:30 pm.

ANY QUESTIONS?

Call CMA, (415) 541-0900

(Continued from Page 257)

PHYSICIANS WANTED

FULL AND PART-TIME PHYSICIANS

For Acute Ward Expansion
in Large Geriatric Facility

Send CV to:

Medical Director
Laguna Honda Hospital
375 Lagunda Honda Blvd
San Francisco, CA 94116

EOE

M/F/H

OCCUPATIONAL/FAMILY PRACTICE. Excellent opportunities with the west coast's leading provider of Occupational/Family Practice medicine. Full/part-time positions throughout California and Washington (Seattle/Tacoma). Current license/CPR. Prior outpatient/family practice/industrial-type trauma experience. Attractive salary/incentives/benefits/malpractice. Contact Personnel Director, ReadCare, Inc, 446 Oakmead Parkway, Sunnyvale, CA 94086; (800) 237-3234. Join our dynamic team of professionals. Practice and live in an incomparable environment.

ARIZONA INTERNAL MEDICINE PHYSICIAN to associate with two man Internal Medicine group in Tucson. New office building with lab and x-ray. Well established practice. Sub-specialties welcome, BC/BE. Send CV to A. Oaks, 5265 E. Knight Dr, Tucson, AZ 85712.

FAMILY PHYSICIAN needed for private practice opportunity in southeast New Mexico community. Excellent potential for thriving practice. Contact NM Health Resources, PO Box 27650, Albuquerque, NM 87125; (505) 242-0633.

PHYSICIANS WANTED. A General Surgeon and an Oncologist to join 16-physician multispecialty group with attached 40-bed hospital located in southern Idaho. Contact Business Administrator, Box 1233, Twin Falls, ID 83301.

OUTSTANDING OPPORTUNITIES. Oncologist with Internal Medicine strength and General Internist, BE/BC, private practice or affiliation available, San Francisco north bay area community. Send résumé to Number 84, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

NORTHERN CALIFORNIA rural community clinic seeks BC/BE Family Physician. Heart of the redwoods. Full range of practice, community hospital nearby. Contact Allan Katz, (707) 923-2783.

INVASIVE/NONINVASIVE CARDIOLOGIST. Full-time Cardiologist needed. Salaried position with excellent benefits. Send CV to Lancaster Cardiology Medical Group, Inc, 43847 N. Heaton Ave, Lancaster, CA 93534.

CALIFORNIA, SAN FRANCISCO BAY AREA. BC/BE OB/GYN. Multiracial community clinic needs part-time OB/GYN for ambulatory and surgical services, ten to twenty deliveries monthly, many high risk. Close to downtown San Francisco and Oakland. Excellent opportunity for new graduate starting practice or early retiree. \$80,000 annually, plus paid malpractice. Contact Alice Godfrey, MD, 101 Broadway, Richmond, CA 94804; (415) 233-3994.

LOCUM TENENS opportunities: temporary or permanent. Guaranteed income/paid malpractice. Contact Diane Smithline, Current Health Concepts, Inc, Locum Tenens Division, 100 Woodward Ave, Sausalito, CA 94965; (415) 331-7422. Physician owned and operated.

PHYSICIANS WANTED

FELLOWSHIP IN GERIATRIC MEDICINE. A unique fellowship in Geriatric Medicine is being offered beginning July 1, 1988, by a Fortune 100 company and a major university medical school in California. The program is two years in duration and provides the gamut of geriatric health care experience and qualifies one for the certificate examination in Geriatric Medicine. The fellowship stipend is attractive as are the working conditions in this unique experience. For further information please contact Number 86, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

EXCELLENT TEXAS OPPORTUNITIES in Cardiology, ENT, Family Practice, General Surgery, Internal Medicine, OB/GYN, Oncology, Orthopedic Surgery, Vascular Surgery, Urology, Industrial Medicine. Excellent quality of life, first year guarantee, etc. Reply with CV or call Armando L. Frezza, Medical Support Services, 8806 Balcones Club Dr, Austin, TX 78750; (512) 331-4164.

PACIFIC NORTHWEST. BE/BC Pediatrician wanted to join two Pediatricians in busy migrant health clinic. Family oriented community. Rural lifestyle. Excellent recreation. Negotiable salary, includes malpractice. Contact Ann Garza, YVFWC, PO Box 190, Toppenish, WA 98948; (509) 865-5600.

Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Send CV to:

Western States Physician Services
407 S. Clovis Ave, Ste 108, Fresno, CA 93727
Or call (209) 252-3000

SITUATION WANTED

PLASTIC SURGEON. Completed residency in Detroit and suburbs. Form a win-win situation with you having time off covered, and increasing your net income, and with me locating in a favorable spot. Please reply to Number 82, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

MD-MPH (Health Services Admin) seeks non-clinical management position in provider and/or non-provider setting in Seattle area. Extensive experience at all levels of UR and QA. Very experienced with federal and local accreditation and regulatory agencies. Also have physician management experience. Superb communication and presentation skills. CV, references, and interview in confidence on request. Reply to Number 83, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

RADIOLOGIST. BC for locum/part-time or full-time. (209) 931-4357: evenings, weekends, some days.

LOCUM TENENS

WESTERN PHYSICIANS REGISTRY

Care for your patients at little or no cost in excess of your current expenses. NOW SERVING ALL OF CALIFORNIA. Contact: Carol Sweig, Director, northern California, (415) 673-7676; Valerie Oblath, Director, southern California, (800) 437-7676.

Western Physicians Registry
710 Van Ness Ave
San Francisco, CA 94102

LOCUM TENENS. Carefully screened and selected, short and long term physician coverage. Very competitive rates, malpractice insurance included. Contact Diane Smithline, Current Health Concepts, Inc, Locum Tenens Division, 100 Woodward Ave, Sausalito, CA 94965; (415) 331-7422. Physician owned and operated.

LOCUM TENENS

prn, ltd.
physician staffing

*We put together
"temporary solutions"
and "lasting relationships"*
locum tenens & permanent placements

1-800-531-1122
1000 N. Walnut (Suite A)
New Braunfels, Texas 78130

LOCUM TENENS, INC. (A Division of Jackson and Coker), can staff your practice from 2 weeks to 52 weeks, malpractice insurance for all 50 states, contact John Smith, 400 Perimeter Center Terrace, Suite 760 WJM, Atlanta, GA 30346; Tel. 1 (800) 544-1987.

PRACTICES AVAILABLE

BEAUTIFUL PUGET SOUND FAMILY PRACTICE available. Complete office, lab and x-ray equipment. Practice gross over 225K. Price \$35,000. Reply to Number 74, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

SOUTH SACRAMENTO AREA FAMILY PRACTICE. Collections of \$111K in 1986. 95% insured patients. Full price: \$50K. Seller financing available. Call Western Practice Sales (916) 673-1302.

CHICO AREA FAMILY PRACTICE. Collections of 246K in 1986. 2,600 square foot office. 92% cash patients. Seller will assist in transition. Call Western Practice Sales (916) 673-1302.

OFFICE SPACE

MEDICAL BUILDING UNFURNISHED FOR LEASE. Sonoma County, California. Three miles to Sea Ranch, five miles to state park. Leaded x-ray, Emergency room, three exam rooms, living quarters available. Owner will accept equipment as rental. Information and detail sheet—Joe McClelland (707) 546-6336.

MEDICAL OFFICE SPACE AVAILABLE. Next to Desert Samaritan Hospital, Mesa, Arizona. Partly furnished. Vacant two and one-half days a week or can be shared with doctor additional two and one-half days. Phone (602) 254-5835.

MEDICAL EQUIPMENT

50% OFF PREVIOUSLY OWNED MEDICAL, laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. APPRAISALS AVAILABLE by Certified Surgical Consultant. Medical Equipment Resale and Repair, Inc, 24026 Haggerty Rd, Farmington Hills, MI 48018. 1 (800) 247-5826, (313) 477-6880.

X-RAY AND FLUOROSCOPIC MACHINE, Continental 600 MA; portable ADR 4000 ultrasound machine; gamma camera and nuclear department accessories. (209) 931-4357 eves, weekends and some days.

FINANCIAL SERVICES

FOR PHYSICIANS AND RESIDENTS. UNSECURED signature loans \$5,000-\$60,000, no points or fee, competitive rates—level payments, up to six years to repay. Deferred Principle Option. Confidential—rapid processing. For information and application call toll-free (800) 331-4952, MediVersal Dept. 114.

(Continued on Page 264)

(Continued from Page 263)

MEDICAL PRACTICE OPPORTUNITIES

CALIFORNIA/NATIONWIDE. IM, Gastro, Pulm, Cardio, Ortho, Surg, FP, Nutrition, Derm, Psych, Neurol, OB/GYN, Oph, ENT, Urol, plus others. BRADSHAW ASSOCIATES, Practice Sales/Recruitment/Valuations, 21 Altamont Dr, Orinda, CA 94563; (415) 376-0762.

SUBURBAN SOUTHERN CALIFORNIA. Acute care clinic. Master lease available to medical group, all specialties plus lab, x-ray, therapy, ER. Growth retirement, mountain, lake, river, recreation area. New building, 13,000 square feet available in major shopping center with new adult mobile home park as part of complex. JILCHRIS, PO Box 888, Alamo, CA 94507; (415) 820-0735.

COMPUTER INFORMATION

COMPUTERIZE YOUR MEDICAL BILLING. Remarkably easy-to-use software. Prints bills, statements, insurance forms. Menu-driven! Reports aging balances, referral sources, income by time period, medical procedure codes, diagnostic codes and more. Installs automatically. IBM and compatibles—hard disk or floppies. Solo or group practice \$685 (California add tax), MC/VISA. Full customer support. Demo disk with 46-page manual (\$19 + \$3s/h). Call or write REM Systems, Inc, 180 Emerson St, Palo Alto, CA 94301; (415) 322-0369.

CONFERENCES**SNOWBIRD CONFERENCES**

Sponsored by the
University of Utah
School of Medicine

February 29-March 4, 1988
ADVANCES IN INTERNAL MEDICINE
\$300 fee, CME Credit Offered

March 7-11, 1988
MEDICAL AND SURGICAL ADVANCES IN GASTROENTEROLOGY
\$300 fee, CME Credit Offered

Information/Registration:
Jennifer Fossum
4R118 Medical Center
50 North Medical Drive
Salt Lake City, UT 84132
(801) 581-3581

PARK CITY CONFERENCE

February 15-19, 1988

NUTRITION IN CONTEMPORARY MEDICINE
\$275 fee

Information/Registration:
Jonell Murray
HPER-N 239
University of Utah
Salt Lake City, UT 84112
(801) 581-6730

HAWAII SEMINARS

any Island(s) • any Day(s) • any Week(s)

CME Category I — Tax Deductible

AMERICAN SEMINAR INSTITUTE

307 Lewers St.
Penthouse Suite
Hon. HI 96815
1-808-924-4000

1-800-367-8047 ext. 110

CONFERENCES

1988 CME CRUISE/CONFERENCES ON MEDICOLEGAL ISSUES AND RISK MANAGEMENT—Caribbean, Mexico, Alaska, China/Orient, Europe, New England/Canada, Trans Panama Canal, South Pacific. Approved for 24-28 CME Cat. 1 Credits (AMA/PRA) and AAFP prescribed credits. Distinguished lecturers. Excellent group rates on finest ships. Registration limited. Pre-scheduled in compliance with IRS requirements. Information: International Conferences, 189 Lodge Ave, Huntington Station, NY 11746; (516) 549-0869.

REAL ESTATE

GENERAL PRACTICE with land 8,220 square feet and building 2,440 square feet—selling as package—Bellflower, California. Doctor retiring. Well populated area. Call agent Andy at (213) 920-8311 or write Golden Eagle Real Estate, 9957 Artesia Pl, Bellflower, CA 90706.

BOZEMAN, MONTANA MINI-RANCH \$175,000

3,800 square foot hand peeled log home on 10 acres next to the Bridger Mountains—four miles north of downtown Bozeman and 10 miles from multiple daily flights on Delta, Northwest, and Continental.

Four-five bedrooms, three baths, country kitchen and second kitchen in separate apt, game room, large shop plus root cellar, two fireplaces with wood burning stoves.

New 24' x 36' three car garage with wood stove and 24' x 40' outdoor garage and shop, both with full foundations and cement floors, 16' x 40' horse barn—tack room—hayshed.

Full redwood decks on three sides of house, double post and three rail fencing on 16' centers around the 10 acres.

Elk, deer, moose, bear, Rocky Mountain goat within 20 minutes, plus fishing in Gallatin, Madison, Jefferson plus hundreds of smaller rivers and creeks.

Ski Bridger Bowl or Big Sky—90 miles to Yellowstone Park.

For information call—(206) 253-4484 or
(406) 586-5796

MISCELLANEOUS

VACATION HOME FOR RENT. Tahoe Keys, South Lake Tahoe, California. Three bedroom, two bath, views, two car garage, on water—boat dock. Heavenly Valley two miles. Pools, spas, tennis, AEK, fireplace, 27" Sony TV, cable, casinos. Contact D. Ridey, MD (415) 254-4274 evenings.

MEDICAL SPANISH—EASY!

Speak to patients in everyday Spanish.

• Complete 6-cassette course with manual/dictionary, pocket guide. All basic terms and procedures: \$95 plus tax.

RESULTS GUARANTEED OR MONEY REFUNDED!

CALL/WRITE FOR FACTS ON OTHER MATERIALS, FREE MEDICAL SPANISH NEWSLETTER!

CSLA

CALIFORNIA SPANISH LANGUAGE ASSOC.
P.O. Box 3522-J, San Diego, CA 92073-0590
(619) 544-0548

Ads Get Results!

CLASSIFIED INFORMATION
(415) 882-5178

PHYSICIAN PLACEMENT SERVICE

Looking for the right practice opportunity?

Opportunity/Situations Wanted for:

- Physicians (MDs and DOs)
- Physicians' Assistants
- Nurse Practitioners

The CMA Physician Placement Service publishes two registers bimonthly: one listing physicians, the other, practice opportunities. For information, contact:

MARGARET ROSS

PHYSICIAN PLACEMENT COORDINATOR

CALIFORNIA MEDICAL ASSOCIATION

221 Main St, PO Box 7690, San Francisco, CA 94120-7690
(415) 541-0900

References: 1. BAC-DATA Medical Information Systems, Inc. Volume I, 1986 2. Schwartz RH, *et al* *Rev Infect Dis* 4 514-516, 1982 3. Data on file. Hoffmann-La Roche Inc. Nutley, NJ. 4. *Drug Topics Red Book Update* Jan 1987

BACTRIM™ (trimethoprim and sulfamethoxazole/Roche)

Before prescribing, please consult complete product information, a summary of which follows:

CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides; documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.

WARNINGS: FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS.

BACTRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. Clinical signs, such as rash, sore throat, fever, pallor, purpura or jaundice, may be early indications of serious reactions. In rare instances a skin rash may be followed by more severe reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, hepatic necrosis or serious blood disorder. Perform complete blood counts frequently.

BACTRIM SHOULD NOT BE USED IN THE TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β -hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure when treated with Bactrim than with penicillin.

PRECAUTIONS: *General:* Give with caution to patients with impaired renal or hepatic function, possible folate deficiency (e.g., elderly, chronic alcoholics, patients on anticonvulsants, with malabsorption syndrome, or in malnutrition states) and severe allergies or bronchial asthma. In glucose-6-phosphate dehydrogenase deficient individuals, hemolysis may occur, frequently dose-related.

Use in the Elderly: May be increased risk of severe adverse reactions in elderly, particularly with complicating conditions, e.g., impaired kidney and/or liver function, concomitant use of other drugs. Severe skin reactions, generalized bone marrow suppression (see WARNINGS and ADVERSE REACTIONS) or a specific decrease in platelets (with or without purpura) are most frequently reported severe adverse reactions in elderly. In those concurrently receiving certain diuretics, primarily thiazides, increased incidence of thrombocytopenia with purpura reported. Make appropriate dosage adjustments for patients with impaired kidney function (see DOSAGE AND ADMINISTRATION).

Use in the Treatment of Pneumocystis Carinii Pneumonitis in Patients with Acquired Immunodeficiency Syndrome (AIDS): Because of unique immune dysfunction, AIDS patients may not tolerate or respond to Bactrim in same manner as non-AIDS patients. Incidence of side effects, particularly rash, fever, leukopenia, with Bactrim in AIDS patients treated for *Pneumocystis carinii* pneumonitis reported to be greatly increased compared with incidence normally associated with Bactrim in non-AIDS patients.

Information for Patients: Instruct patients to maintain adequate fluid intake to prevent crystalluria and stone formation.

Laboratory Tests: Perform complete blood counts frequently; if a significant reduction in the count of any formed blood element is noted, discontinue Bactrim. Perform urinalyses with careful microscopic examination and renal function tests during therapy, particularly for patients with impaired renal function.

Drug Interactions: In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported. Bactrim may prolong the prothrombin time in patients who are receiving the anticoagulant warfarin. Keep this in mind when Bactrim is given to patients already on anticoagulant therapy and reassess coagulation time. Bactrim may inhibit the hepatic metabolism of phenytoin. Given at a common clinical dosage, it increased the phenytoin half-life by 39% and decreased the phenytoin metabolic clearance rate by 27%. When giving these drugs concurrently, be alert for possible excessive phenytoin effect. Sulfonamides can displace methotrexate from plasma protein binding sites, thus increasing free methotrexate concentrations.

Drug/Laboratory Test Interactions: Bactrim, specifically the trimethoprim component, can interfere with a serum methotrexate assay as determined by the competitive binding protein technique (CBPA) when a bacterial dihydrofolate reductase is used as the binding protein. No interference occurs if methotrexate is measured by a radioimmunoassay (RIA). The presence of trimethoprim and sulfamethoxazole may also interfere with the Jaffe alkaline picrate reaction assay for creatinine, resulting in overestimations of about 10% in the range of normal values.

Carcinogenesis, Mutagenesis, Impairment of Fertility: *Carcinogenesis:* Long-term studies in animals to evaluate carcinogenic potential not conducted with Bactrim. *Mutagenesis:* Bacterial mutagenic studies not performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim demonstrated to be nonmutagenic in the Ames assay. No chromosomal damage observed in human leukocytes *in vitro* with sulfamethoxazole and trimethoprim alone or in combination; concentrations used exceeded blood levels of these compounds following therapy with Bactrim. Observations of leukocytes obtained from patients treated with Bactrim revealed no chromosomal abnormalities. *Impairment of Fertility:* No adverse effects on fertility or general reproductive performance observed in rats given oral dosages as high as 70 mg/kg/day trimethoprim plus 350 mg/kg/day sulfamethoxazole.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Trimethoprim and sulfamethoxazole may interfere with folic acid metabolism; use during pregnancy only if potential benefit justifies potential risk to fetus. Nonteratogenic Effects: See CONTRAINDICATIONS section.

Nursing Mothers: See CONTRAINDICATIONS section.

Pediatric Use: Not recommended for infants under two months (see INDICATIONS and CONTRAINDICATIONS sections).

ADVERSE REACTIONS: Most common are gastrointestinal disturbances (nausea, vomiting, anorexia) and allergic skin reactions (such as rash and urticaria). **FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS (SEE WARNINGS SECTION).**

Hematologic: Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, neutropenia, hemolytic anemia, megaloblastic anemia, hypoprothrombinemia, methemoglobinemia, eosinophilia. *Allergic Reactions:* Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis, allergic myocarditis, erythema multiforme, exfoliative dermatitis, angioedema, drug fever, chills, Henoch-Schoenlein purpura, serum sickness-like syndrome, generalized allergic reactions, generalized skin eruptions, photosensitivity, conjunctival and scleral injection, pruritus, urticaria and rash. Periarthritis nodosa and systemic lupus erythematosus have been reported. *Gastrointestinal:* Hepatitis (including cholestatic jaundice and hepatic necrosis), elevation of serum transaminase and bilirubin, pseudomembranous enterocolitis, pancreatitis, stomatitis, glossitis, nausea, emesis, abdominal pain, diarrhea, anorexia. *Genitourinary:* Renal failure, interstitial nephritis, BUN and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria. *Neurologic:* Aseptic meningitis, convulsions, peripheral neuritis, ataxia, vertigo, tinnitus, headache. *Psychiatric:* Hallucinations, depression, apathy, nervousness. *Endocrine:* Sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents; cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. *Musculoskeletal:* Arthralgia, myalgia. *Miscellaneous:* Weakness, fatigue, insomnia.

DOSAGE AND ADMINISTRATION: Not recommended for use in infants less than two months of age.

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN: Usual adult dosage for urinary tract infections is one DS tablet, two tablets or four teaspoonsfuls (20 ml) *b.i.d.* for 10 to 14 days. Use identical daily dosage for 5 days for shigellosis. *Recommended dosage for children* with urinary tract infections or acute otitis media is 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses every 12 hours for 10 days. Use identical daily dosage for 5 days for shigellosis. *Renal Impaired:* Creatinine clearance above 30 ml/min, give usual dosage; 15-30 ml/min, give one-half the usual regimen; below 15 ml/min, use not recommended.

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS: Usual adult dosage is one DS tablet, two tablets or four teasp. (20 ml) *b.i.d.* for 14 days.

PNEUMOCYSTIS CARINII PNEUMONITIS: Recommended dosage is 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

HOW SUPPLIED: *DS (double strength) Tablets* (160 mg trimethoprim and 800 mg sulfamethoxazole)—bottles of 100, 250 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 20. *Tablets* (80 mg trimethoprim and 400 mg sulfamethoxazole)—bottles of 100 and 500. Tel-E-Dose® packages of 100; Prescription Paks of 40. *Pediatric Suspension* (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 100 ml and 16 oz (1 pint). *Suspension* (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 16 oz (1 pint).

STORE TABLETS AT 15°-30°C (59°-86°F) IN A DRY PLACE PROTECTED FROM LIGHT. STORE SUSPENSIONS AT 15°-30°C (59°-86°F) PROTECTED FROM LIGHT.

P.I. 0586

Roche Laboratories
a division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



The power persists.

- Succeeds year after year – with little change in resistance
- Succeeds against organisms common to otitis media *in vitro*
- Succeeds with *b.i.d.* convenience and pleasant cherry flavor

From year to year, Bactrim destroys not only *H. influenzae* and *S. pneumoniae in vitro*,¹ but also various ampicillin-resistant strains.^{2,3} And *b.i.d.* Bactrim costs less than *t.i.d.* cefaclor or *t.i.d.* amoxicillin/clavulanate potassium.⁴

In vitro results may not correlate with clinical results. Not indicated for prophylactic or prolonged use in otitis media and contraindicated in infants under two months of age.

Specify. Do Not Substitute.

Bactrim™ Pediatric

(40 mg trimethoprim and 200 mg sulfamethoxazole per 5 ml)

It keeps its powers.